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# **Hope and Well-being**

## **Psychosocial Correlates and Benefits**



**Alena Slezackova**



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Fourth Monograph in Resilience and Health, Centre for Resilience  
and Socio-Emotional Health, University of Malta, 2017

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Fourth Monograph in Resilience and Health by the Centre for Resilience and Socio-Emotional Health, University of Malta

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## **Resilience and Health Monograph Series**

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We are pleased to publish the fourth monograph in the *Resilience and Health* series by the Centre for Resilience and Socio-Emotional Health at the University of Malta. The series aims to provide an open access platform for the dissemination of knowledge and research in educational resilience and social and emotional health. We have one e-publication per year in such areas as social and emotional development, health, resilience and wellbeing in children and young people, social and emotional learning, mental health in schools and professionals' health and wellbeing.

The publication of the Resilience and Health Monograph Series is based on the philosophy of the Centre for Resilience and Socio-Emotional Health, which develops and promotes the science and evidence-based practice of social and emotional health and resilience in children and young people.

We welcome contributions from colleagues who would like to share their work with others in the field.



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## **About the Author**

Alena Slezackova, Ph.D. is Associate Professor of Psychology at Masaryk University, Faculty of Arts, Brno, Czech Republic. She earned her Ph.D. in clinical psychology and habilitation in general psychology. She teaches Positive Psychology, Health Psychology, Psychology of Mental Health and Well-being besides many other courses. She is a founder and director of the Czech Positive Psychology Centre (CPPC) which organizes conferences, workshops, and special lectures on positive psychology. Alena conducts her research within the newly established Academic Center for Positive Psychology affiliated to Masaryk University in Brno. Her main scientific interests include hope, mental health, and well-being. In addition to her research and teaching, she is a member of the Editorial Board of five academic journals. She is also a member of the Advisory Council of the International Positive Psychology Association (IPPA) and the Country Representative for the Czech Republic in the European Network for Positive Psychology (ENPP). She is also the author of the first comprehensive monograph on Positive Psychology in Czech, and of a number of research publications and science popularization articles on the topics of positive psychology, health psychology and personal growth.

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## Chapter 1. Introduction

*“Hope is not the conviction that things will turn out well, but the conviction that what you are doing is meaningful, regardless of how it will turn out in the end.”*

*Vaclav Havel*

The central topic of the book is the phenomenon of hope, which has increasingly drawn the attention of psychological scientists and non-scientists alike.

This book provides a comprehensive overview of the concept of hope, introducing the reader to the theoretical framework, the varying approaches to hope and the measurement methods used, as well as to the principal results of studies investigating the role of hope in relation to mental health and well-being among different population samples.

Since the role hope plays over the life course may change, special attention is paid to investigating hope in children, adolescents, adults and old people in different contexts.

There is evidence that hope does not only have an important effect on subjective well-being in everyday life but that it also acts as a significant protective factor during life crises. For this reason, we also discuss hope in the context of coping with challenging life situations and posttraumatic growth.

In addition to an overview of studies by international researchers, we present the results of our own studies focusing on the psychosocial correlates of hope in different contexts and among varying research samples. The studies were carried out within the Czech Positive Psychology Center (CPPC), whose research activities have since 2014 been merged with those of the newly established Academic Center for Positive Psychology affiliated to the Faculty of Arts of Masaryk University in Brno, Czech Republic. Long-term research into hope has

been made possible by the engagement of Alena Slezackova, the author of this text, in international research projects such as Hope Barometer, International Well-being Study among others. The results of the studies have already been presented at numerous international conferences and scientific symposia. Some of the data was also included in master's degree theses supervised by the author of this text and successfully defended by students of the Department of Psychology at the Faculty of Arts, Masaryk University in Brno. The present work summarises the results of the author's original research on hope and puts them in the context of the existing knowledge base on the topic.

In addition, in view of the significant practical implications of hope, a brief description of the programmes and hope-enhancing interventions used in education, psychotherapy and counselling is presented in Chapter 5.

## 1.2 Positive Psychology and Hope

Positive psychology is a relatively new domain of psychology introduced by Seligman and Csikszentmihályi (2000). Rather than dealing with the concept of mental health, positive psychology is concerned with factors that lead to a fulfilling life. It is defined as a study of optimal human functioning (Linley, Joseph, Harrington, & Wood, 2006), focusing on the conditions and processes that contribute to the flourishing of people, groups, and institutions, as well as on the understanding and facilitation of their positive developmental outcomes (Gable & Haidt, 2005; Seligman, 2011). Positive psychology has made a notable change in psychology, diverting the psychologists' attention from maladaptive behaviour, negative thinking and mental suffering to well-being and other factors that make our life worth living.

However, the focus on the positive aspects of life is definitely not a modern invention. The issues of happiness and fulfilment have itched people's curiosity from time immemorial. The roots of philosophical thinking about happiness and well-being date back to ancient times. The two primary ancient constructs are Aristotle's *eudaimonia*, which is happiness resulting from a virtuous and meaningful life and connected

with a pursuit of moral excellence, and Epicurus' *hedonism*, which is related to happiness obtained through sensory pleasure. Yet it was only recently that the issue of happiness began receiving scientific attention. A significant contribution to the study of positive personality traits was made by humanistic psychology. One of the prominent sources of humanistic psychology is the work by Abraham Maslow. Maslow was the first person to coin the term "positive psychology" in *Motivation and Personality* published in 1954. Another valuable source is the work of Carl Rogers (1961), one of the founders of humanistic psychology, who came up with the concept of a *fully functioning person*, i.e. one who is open to experience and able to interpret that experience accurately in order to achieve his or her "best self". Viktor Frankl (1992) also gave a positive message when he founded a mode of psychotherapy which draws on man's motivation to search for meaning ("*will to meaning*"). In addition, important contributions have also been made to the field of psychology of health between the 1950s and 1980s. These drew particular attention to mental and physical health-protective factors (Antonovsky, 1984; Jahoda, 1958; Kobasa, Maddi, & Khan, 1982; Lazarus & Folkman, 1984; Rotter, 1966). Among the prominent predecessors of positive psychologists are Allport (1961) who focused on personality development and maturity, Greenberger (1984), the author of a multidimensional model of psychosocial maturity in adolescence (the dimensions are similar to the current conception of *character strengths*), and Ryff (1989) whose conception of *personal growth* refers to an individual's directed enegagement in continual development, openness towards people and events and conscious expansion and improvement. The issue of life meaningfulness has been addressed by a range of existential psychologists and psychotherapists including Baumeister (1991) and Yalom (1980).

The science of positive psychology originated in the USA at the turn of the 21<sup>st</sup> century. Its development was sparked by researchers focusing on positive personal characteristics and aspects of life including subjective well-being (Diener, Suh, Lucas, & Smith, 1999), optimism (Peterson, 1991; Scheier & Carver, 1985; Seligman, 1991), motivation (Deci & Ryan, 1985), creativity and flow (Csikszentmihalyi, 1990), positive emotions (Fredrickson, 1998; Isen, 1993), and positive youth

development (Larson, 2000). The main idea of the initiators of positive psychology was to draw attention away from the focus on negativity which dominated psychological research and turn it towards the neglected aspects of life and society which focused on well-being, optimism, and aspirations.

The last two decades of positive psychology research have seen the development of several theories of happiness. Seligman (2002) proposed a theory of Authentic Happiness, according to which an individual's happiness can be analysed into three distinct elements: positive emotions, engagement, and meaning. Recent research has seen a preference for broader conceptions of *flourishing* which encompass both the hedonic (feeling good) and the eudaimonic (functioning well) components of happiness. Keyes (2002) defined flourishing as a combination of high levels of emotional well-being, psychological well-being, and social well-being. A broader concept of happiness was introduced by Martin Seligman (2011) in his book *Flourish*. Seligman's PERMA model distinguishes five components of a happy and fulfilled life: Positive emotions, Engagement, Relationships, Meaningfulness, and Accomplishment. Huppert and So (2011) attributed ten features in their conceptualisation of flourishing: positive emotions, engagement, meaning, competence, emotional stability, resilience, optimism, vitality, self-esteem, and positive relationships. Existing research on the notion of hope shows that both hedonic and eudaimonic components of well-being significantly contribute to flourishing in life (Delle Fave, Brdar, Freire, Vella-Brodrick, & Wissing, 2011; Wissing, Potgeiter, Guse, Khumalo, & Nel, 2014).

The domain of positive psychology has rapidly become a marked part of world psychology, offering a wide range of practical applications (Linley & Joseph, 2004). Positive psychology places an emphasis on the implementation of research findings into education (Gilman, Huebner, & Furlong, 2009; Seligman et al., 2009), coaching (Biswas-Diener, 2010), and particularly into psychotherapy and counselling (Joseph & Linley, 2004; Seligman & Peterson, 2003), where it reveals the client's strengths and supports the development of his or her inner potential. Elements of positive psychology are also beneficial to the field of work

psychology, emphasising ethics in work and business (Damon, 2004; Gardner, Csikszentmihalyi, & Damon, 2002), health service and health psychology (Seligman, 2008), and in the helping professions in general. A clinically important area is that of posttraumatic growth research, which combines the existing research findings on the detrimental effects of a traumatic experience (often in the form of a posttraumatic stress disorder, PTSD) with a new perspective of traumatic situations, namely that of a positive psychological change which is experienced as a result of adverse experiences (Calhoun & Tedeschi, 2006; Joseph, 2011).

At this point it must be stressed that the current science of positive psychology is *not* a one-sided “science of happiness”. Its purpose is not to encourage a rose-coloured view of the world or to downplay the significance of negative life experiences. An interest in positive aspects of life does not imply ignorance of the negative aspects of human existence, for it is often the undesirable life situations that make us appreciate and value the positive and pleasurable ones. Massive surges of effort and creativity as well as moments of deep humanity and compassion are very frequently driven by adverse experiences and emotions, which doubtless have their place in people’s internal life.

Current positive psychology is based on the results of empirical research including qualitative, quantitative, comparative and experimental studies that have been utilising state-of-the-art instrumental and imaging techniques, like magnetic resonance imaging (MRI) and functional magnetic resonance imaging (fMRI), as well as research which explores the genetic background of well-being. With vigorous research behind it, the science of positive psychology does *not* aim to provide guaranteed “recipes for happiness” or show simple routes to the positive things in life; rather, it suggests new research directions and offers suggestions and practical interventions formulated on the basis of scientifically proven findings.

One of the primary topics covered by positive psychology is the phenomenon of hope. The psychology of hope has become a dynamic branch of research that is being developed by numerous scientists across the world. The contributions on hope research findings, hope projects and interventions of one hundred of these scientists have been recently summarised by Bormans (2016).

Hope has many facets: it can be seen as hopeful thinking, an emotion or a personality trait. Alternatively, it can be viewed as something which transcends us, something close to our ultimate goals and spirituality. Hope as a positive expectation and desire for a particular thing to happen plays an important role in philosophy, theology, religious studies, anthropology, and behavioural and other social sciences.

The following pages present varying theoretical approaches to hope. The results of studies revealing its importance, its relation to mental health and subjective well-being at different developmental stages, and the connection between hope and meaningfulness, spirituality, resilience, and posttraumatic growth are also presented. Additionally, hope-enhancing strategies and interventions for clinical and counselling practice are briefly introduced in a separate chapter.



## Chapter 2. Approaches and Theories of Hope

Hope has always been the center of attention for theologians, philosophers, sociologists and, recently, also psychologists (Scioli & Biller, 2009, 2010). Philosophical and theological perspectives on hope were broadly elaborated by Krafft and Walker (in press).

In classical Greek literature, Aristotle used the word hope (*elpis*) to refer to the expectation of both a positive or a negative future. However, when Aristotle wanted to indicate specifically a hope for a positive future or good things, he generally used the term *euelpis*, hopeful. Interestingly, Aristotle stated that one cannot truly hope unless one has experienced fear (Gravlee, 2000).

According to the Christian tradition, hope constitutes one of the three theological virtues, along with faith and love (charity). Augustine describes hope, faith, and love as '*graces*' rather than virtues. He held that love and hope are interdependent and that both of them are dependent on faith (Augustine, 1996). Thomas Aquinas made a distinction between *natural virtues*, which can be achieved by one's own effort, and *infused virtues* which are brought about by the grace of God. The infused virtues are made up of the theological virtues - faith, hope and love - and the cardinal virtues - temperance, courage, justice, and prudence. Hope in the theological sense is made possible by faith, and the two together are the conditions for the possibility of love (Aquinas, 1920; Kaczor, 2008).

Aquinas also distinguished hope in the secular sense from wishes and desires, claiming that hope must meet the following four conditions:

- hope must be for something good;
- hope's object must be in the future;
- hope's object must be something demanding and not easy to attain; and
- hope's object must be attainable.

The beginnings of a scientific study of hope date back to the 1960s and 1970s. Since its introduction into academic research, hope has been conceptualised in many ways and against a number of varying theoretical backgrounds. Hope was described as a one-dimensional phenomenon (Menninger, 1959; Mowrer, 1960; Stotland, 1969), a two-dimensional phenomenon (Snyder et al., 1991), a construct involving three factors (Miller & Powers, 1988), or as a phenomenon based on four primary “rules” (Averill et al., 1990), or five themes (Herth, 1992, 1998), or seven components (Morse & Doberneck, 1995).

Numerous other approaches to hope have been employed: hope has been defined as hopeful thinking (Snyder, 2000a), positive emotional experience (Fredrickson, 2009), character strength (Peterson & Seligman, 2004), or a transcendental phenomenon (Emmons, 2005; Vaillant, 2008).

The multitude of different perspectives of hope complicates any attempts to merge the approaches into a coherent whole (Snyder, 2000b). Nevertheless, most scientists agree that hope is primarily connected with positive expectations of the future outcomes. However, there is a need to clarify the distinction between hope and other related constructs, such as optimism, self-efficacy, self-determination and resilience among others (Krafft, Martin-Krumm, & Fenouillet, 2017; Snyder, Rand, & Sigmon, 2002).

A fairly complex approach to hope was adapted by Dufault and Martocchio (1985, p. 380) who defined hope as a “multidimensional life force characterized by a confident yet uncertain expectation of achieving a future good which, to the hoping person, is realistically possible and personally significant”. They identified six dimensions which reflect the multidimensional nature of hope and can either operate independently or in conjunction with each other (Dufault & Martocchio, 1985). The six dimensions are:

- Affective dimension concerns the emotions and sensations related to the hoping process. It covers the hoping person’s feelings of attraction to the desirable outcome or goal, feelings of both confidence and uncertainty about the outcome, and

a sense of personal significance of the object of hope for the person's well-being.

- Cognitive dimension encompasses a wide range of thinking processes and cognitive strategies, e.g. identification of the object of hope, assessment of the probability of achieving the goal, discrimination of both internal and external hope-promoting factors from hope-inhibiting factors, and use of imagination.
- Behavioural dimension includes psychological, physical, social, and spiritual actions, i.e. specific behavioural activities aimed at achieving the desired goal.
- Affiliative dimension is related to an individual's interpersonal relationships and connections to natural or spiritual world. It includes a sense of relatedness, intimacy, and mutuality.
- Temporal dimension concerns an individual's experience of time in relation to the hoping process. While hope is typically directed towards the future, it may also involve past (in the form of positive memories providing encouragement and belief in the possibility of hopes being fulfilled), and the present, which provides grounds for future goals and desires.
- Contextual dimension builds on the fact that objects of hope are set and activated within a specific context. The contextual dimension focuses on life situations and circumstances that are a part of a person's hope, e.g. age, developmental period of the individual, and hierarchy of needs.

With respect to the degree of specificity of hope, Dufault and Martocchio (1985) distinguish between *generalised hope*, i.e. positive but indefinite expectation about future grounded in reality, and *particularised hope*, focusing on specific future outcomes. Hope can also be viewed as having both an internal, subjective existence (to be owned by the individual), and an external, objective existence that is "out there somewhere" (O'Hara, 2013).

Shrank, Stanghellini and Slade (2008) compiled a comprehensive overview of publications on the conceptualisation and measurement of

hope, and on its use as a predictive variable in mental health patients. The authors identified 49 definitions of hope and grouped them into seven dimensions (time, goals, likelihood of success, relations, personal characteristics, locus of control, undesirable starting points). These dimensions formed the basis for the formulation of an integrative definition namely “hope [is] a primarily future-oriented expectation (sometimes but not always informed by negative experiences such as mental illness) of attaining personally valued goals, relationships or spirituality, where attainment: i) will give meaning, ii) is subjectively considered realistic or possible, and iii) depends on personal activity or characteristics (e.g. resilience and courage) or external factors (e.g. resource availability)” (Schrank et al., 2008, p. 426). The authors distinguish four basic components of hope:

- cognitive (e.g. past experience, goal setting, planning and assessment of the probability of success);
- affective (e.g. reliability, humour, positive emotions);
- behavioural (e.g. motivation and action);
- external factors (e.g. availability of resources, healthcare, relationships).

The following section presents those theories and approaches to hope that emphasize its cognitive dimension.

## **2.1 Hope as a Cognitive Style**

Hope can be viewed either as an emotional state, or as a cognitive and motivational state prompting the hoping person to reach a particular goal (Snyder, 2000a; Snyder, Irving, & Anderson, 1991). Lopez (2013) believes that the way in which people think about the future, that is how they hope, determines their success in relationships, career and business.

Snyder, the author of the cognitive theory of hope, defined hope as “the sum of perceived capacities to produce routes to desired goals, along with the perceived motivation to use those routes” (Snyder, 2000a, p. 8). In other words, hope is seen as a “positive motivational

state that is based on an interactively derived sense of (a) agency (goal-oriented energy) and (b) pathways (planning to meet the goals)” (Snyder, Irving, & Anderson, 1991, p. 287, as cited by Snyder, 2000a).

Snyder’s cognitive hope theory perceives hope as involving four components: Agency, Pathways, Goal, and Barriers.

*Agency* refers to the motivation and energy one possesses to be able to undertake the routes towards one’s goals. Lopez (2013) assumes that, over time, people develop and build capacity for persistence and long-time efforts that makes them the authors of their lives.

*Pathways* refers to the routes people take to achieve their desired goals, and the individual’s perceived ability to produce these routes (Snyder, 2000a). The pathways component of hope requires the anticipation of varying means and paths, the ability to assess their effectiveness, and the understanding of causal relations. Many people are capable of generating multiple pathways (multiple pathway thinking) from which they then select the most suitable or simple one. Both agency and pathways are essential for goal attainment (Snyder et al., 1991).

*Goals* are abstract mental targets that guide human behaviours (Rand & Cheavens, 2009). The targets play a highly important role in hopeful thinking because they provide a direction and an endpoint (Snyder, 2000a). Their effect is both motivational and invigorating and it reflects the strength of an individual’s resolution to achieve the desired outcome. Thus, targets are an indispensable part of the process. An essential characteristic of the target is its subjective value (Snyder, 2002). Moreover, in order to exhibit a positive impact on the hoping person’s motivation, the goal needs to be attainable. The probability of achieving the goal lies between zero (goal cannot be achieved) and 100 % (goal is attainable under any circumstances). The greatest motivational force is associated with medium-probability goals (Cheavens et al., 2006).

Snyder (2002) distinguishes two basic types of goals:

A. Positive or “approach” goals:

- a goal that is desired for the first time;

- a goal which serves to maintain an already achieved goal;
- a goal aimed at continuous progress when some advances have already been made.

B. Negative goals:

- to stop or deter something before it happens;
- to delay or deter the occurrence of something happening.

The combination of the three components - agency, pathways and goals - form the *motivational concept of hope*. These three core elements are accompanied by a fourth one: barriers.

*Barriers* impede the attainment of desired goals. If a barrier occurs, the hoping person will either give up or use pathway thoughts to create new routes (Snyder, 2000a). Barriers disturb the simplicity of goal attainment and force people to conjure up more effective pathways; yet, they need to be viewed as natural parts of life that can occur at any moment.

In accordance with the cognitive theory of hope, there are three stages of “goal-oriented thinking” (Snyder, Rand, & Sigmon, 2002):

- learning history,
- pre-event, and
- event sequence.

The importance of an individual’s experience history springs from the fact that agency and goals start forming early in childhood. Early attempts at pathway seeking occur at the time when the child begins to form associations between simultaneously occurring phenomena. Agency comes into play when the child realizes he is not a mere onlooker, but an active participant in life events. Agency and pathways interact with each other throughout the life course and they are inevitably accompanied by emotions. The emotions are determined by previous experience, that is whether the goal was attained or abandoned. The emotional mindset of individuals with high hope levels holds feelings of joy and assurance, while that of low-hope individuals is

characterized by passivity and negative feelings (Snyder, Rand, & Sigmon, 2002).

Prior to the hoping event, the subjective value of the expected goal is assessed. The hoping event will only be initiated if the subjective importance of the goal is past a certain (subjective) threshold and the goal is considered to be worthwhile. Once a goal-directed action is started, agency and pathways continuously interact with each other. These also have an effect on the perceived value of the goal. If the goal is worthwhile, then agency leads the individual to use a suitable path to achieve the goal. However, the individual may decide that the goal is not worth the effort, in which case the goal will be abandoned or changed. The final result (goal attainment vs. failure to attain the goal) generates positive or negative emotions, respectively. These emotions in turn affect the future hoping processes, including goal setting, pathway choice and agency levels, revealing the cyclic nature of the whole process (Snyder, Rand, & Sigmon, 2002).

According to Snyder (2000b), hope can be understood either as a changeable state determined by life events which the individual experiences, or as a relatively stable personality trait (dispositional hope). Based on his research into correlates of hope as a personality trait, Snyder came to distinguish between high-hopers and low-hopers. High-hopers do not give up when faced with obstacles; rather, they view their problems as manageable and try to rise to the challenge and seek alternative solutions. Low-hopers, on the other hand, view obstacles as “traps” from which it would be very difficult to escape. The two types also differ in the number of goals they set for themselves. Low-hopers often tend to hold onto a single goal, while those with high hope levels are more flexible with respect to their goals and are more ready to create alternative ones. Further differences experienced by the two types are related to stress-coping capacity, intensity of negative emotions, and the time needed for recovery. In addition, it was found that high-hopers tend to set goals that are completely in accordance with their value system and that make their lives meaningful, while low-hopers tend to feel less strongly about their goals (Snyder, 2000b).

Hope as an important cognitive and motivational element also appears in the work by Stotland (1969) who sees hope as a unidimensional motivational phenomenon involved in any goal-oriented process.

The motivational aspect is also strongly present in the work of Breznitz (1999) who understands hope as a subjective phenomenon encompassing emotional as well as cognitive processes. Here, hope involves one's expectations about the future; these expectations can be affected by new information. Hope levels also depend on the goal and the conditions that need to be met for that goal to be attained.

Bernardo (2010) proposed to broaden Snyder's theory by drawing a distinction between an internal and external locus of hope. External agents may be family members, peers, or a supernatural/spiritual being. Locus of hope thus comes in four forms: internal, external-family, external-peers, and external-spiritual.

Snyder, Ilardi, Michael, and Cheavens (2000) described the differences and similarities between Snyder's Hope Theory and a variety of other theories, including dispositional optimism (Scheier & Carver, 1985), learned optimism (Seligman, 1991), problem solving (Heppner & Hillerbrand, 1991), self-efficacy (Bandura, 1997), and self-esteem (Hewitt, 1998).

A number of authors have particularly emphasised the need to distinguish between hope as defined by Snyder's cognitive theory, and optimism and self-efficacy, since all three concepts involve expectation of future outcomes (Alarcon, Bowling, & Khazon, 2013; Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007; Magaletta & Oliver, 1999).

Gallagher and Lopez (2009) see hope and optimism as two different constructs, each of which explains a proportion of variance in subjective well-being. Alarcon et al. (2013) in conducting a meta-analytic examination of hope and optimism found it suitable to distinguish between the two phenomena. While optimism tends to be context-independent, hope is prominent in situations that are personally relevant (Arnau et al., 2007; Bruininks, Malle, Johnson, & Bryant, 2005). Bryant and Cengros (2004) revealed that optimism has a significantly stronger impact on positive reassessment of a situation. On the other hand,



dispositional hope exhibits a far stronger impact on self-efficacy levels than optimism does. Based on the above findings the authors view hope as being directly related to goal attainment, while optimism is seen as more general in nature, related to the *quality* of the outcome rather than to a particular goal.

Likewise, it is necessary to distinguish between hope and self-efficacy. Although these two concepts are similar they are still not identical. Self-efficacy refers to the perceived ability to produce and control events in one's life (Bandura, 1982). From the hope perspective, although the desired outcome can be obtained through one's own efforts, it can also be a product of circumstances, completely or partially, beyond an individual's control. The above distinction is congruent with a study by Magaletta and Oliver (1999) whose findings show that hope explains a unique proportion of variance in subjective well-being, independently of self-efficacy.

To sum up, both self-efficacy and optimism have much in common with the motivational component of hope. While self-efficacy can be viewed as more related to the pathway component, optimism seems to be more associated with agency. However, Feldman, Rand, and Kahle-Wroblewski (2009) claim that neither self-efficacy nor optimism bear a direct connection to goal-directed planning in the sense in which Snyder understands hope.

### **2.1.1 Hope Development in Childhood**

Hopeful and goal-directed thinking is acquired in early childhood as a part of social learning and is related to the child's attachment bond with his closest family. If the bond is impaired by distrust, it can lead to hope destruction (Snyder, 2000a). An important role in the development of hopeful thinking is played by observational learning (i.e. by observing parents, teachers, peers and strong individuals who provided an inspiration for the child in terms of hopeful thinking), by upbringing delivered by parents and teachers, and by the child's own experience.

The lack of hopeful thinking in some people can, according to Snyder and colleagues (2002), be explained in two ways: either the

process of childhood learning was so inadequate that hopeful thinking never developed, or it was lost due to adverse life experience. In childhood, the situation which is the most detrimental to hopeful thinking development is child neglect; adults can lose hopeful thinking as a result of a traumatic experience such as rape, assault, loss of a close friend or a family member, and a severe car accident. Such a traumatic experience can “turn off” the existing (and effective) cognitive and coping strategies, resulting in the child adopting only one strategy - the “play-safe” strategy - by which the individual seeks to avoid life challenges and obstacles and minimise their goal-directed efforts (Snyder et al., 2002).

### **2.1.2 False Hope**

Several researchers and clinical psychologists pointed out the problems associated with “false” hope (Snyder, Rand, King, Feldman, & Woodward, 2002). Research points to three reasons why false hope is likely to occur: when expectations are based on illusions rather than reality (e.g., Beavers & Kaslow, 1981); when inappropriate goals are pursued (Rule, 1982, as cited by Snyder et al., 2002); and when poor strategies or methods are used to achieve the desired goals (Kwon, 2000, 2002).

Snyder et al. (2002) used Snyder’s hope theory to address some of the above issues. On the first point, they argued that false hope does not necessarily involve major reality distortions: while high-hope individuals do make use of positive illusions that influence their views of reality, they do not engage in counter-productive illusions leading to severe reality distortions. In other words, hope does not prevent high-hopers from recognizing inappropriate or unattainable goals (Snyder, 1998). Indeed, as mentioned by Taylor, Lichtman, and Wood (1984) a certain amount of positive illusions can be beneficial. Positive illusions seem to be linked with a sense of agency: those who perceive themselves and their environment in a positive light feel more empowered as causal agents in effecting changes to their environment (Sigmon & Snyder, 1993). On the other hand, having extremely high

illusions is not desirable because it can lead people to engage in inappropriate or risky behaviours (Weinstein & Klein, 1996, as cited by Snyder et al., 2002).

On another issue related to false hope namely that one may be pursuing a maladaptive, counterproductive, or unattainable goal (Rule, 1982), Snyder et al. (2002) point out that the appropriateness of goals is often based on a subjective judgment. They report to have found no empirical evidence of false hopes centering on inappropriate goals. Their research suggests that some individuals do set lofty and difficult goals but these are typically high-hope individuals rather than low-hope ones. Moreover, research also suggests that high-hopers often meet these goals and they set a significantly larger amount of goals. However, there is still the possibility that a person may be delusional about the probability of achieving a desired goal, which may lead to failure at goal pursuit, and also increased maladjustment and decreased psychological well-being.

Kwon (2002) defined false hope as having goals and motivation (i.e. agency) for an outcome, but lacking the proper plans or resources (i.e. pathways) to achieve them. In his response to Kwon's objection, Snyder states that within the context of his hope theory, hope is defined as the perceived ability to produce routes to desired goals, and the motivation to use these routes. Numerous studies drawing on Snyder's hope theory showed that high-hope people choose appropriate pathways for their goals (e.g. Snyder, 1994, 2000a, 2000b). Thus, these studies based on hope as defined in Snyder's hope theory contradict Kwon's concept of false hope as poor planning.

It must also be added that in the context of coping with situations of terminal illness or approaching death there is no such thing as 'false' hope (Elliott & Olver, 2007, 2009; Herth, 1990). In this setting, hope was defined as an inner power directed towards enrichment of 'being', and appeared functioning to value the lives of the patients and their connections with others.

## **2.2 Hope as a Positive Emotion**

While the previous section dealt with hope as a cognitive strategy, the present section focuses on hope as an emotional state. Individuals' perspective of themselves, other people and the world in general affects their emotional state and vice versa, cognitive processes are influenced by emotions. Negative interpretations of events produce negative emotions; optimistic thoughts, on the other hand, lead to positive emotions (Fredrickson, 2009). The above principle is utilised in cognitive therapy and rational emotive therapy (Beck, 1976; Ellis, 2001), which employ a range of powerful therapeutic tools and techniques.

The affective component of subjective well-being is comprised of the frequency and intensity of positive and negative emotions (Diener, Lucas, & Oishi, 2002). While the adverse effects of long-term, recurrent negative emotions (anxiety, fear, anger, guilt) on health and life quality have been relatively well investigated, positive emotions and their effects have largely been sidelined by psychology researchers (Fredrickson, 1998).

In his cognitive theory of hope Snyder emphasized the “thinking” aspect of hope thus subordinating the emotional aspect of hope to the cognitive one. Positive emotions were understood as products of goal-pursuit cognition and successful goal attainment (Snyder et al., 1996; Snyder, Rand, & Sigmon, 2002). There is evidence that dispositional hope positively correlates with positive emotions and negatively correlates with negative emotions (Snyder et al., 1996).

Mowrer (1960, as cited in Cheavens & Ritschel, 2014) viewed hope as an emotion associated with the expectation of pleasurable stimuli, driving movement towards one's goals.

Lazarus (1999) conceptualised hope as an emotion arising from the expectation to attain the desired goals. While negative emotions stem from delay or unattainment of goals, positive emotions result from conditions that facilitate goal attainment. Hope can provoke efforts to seek improvement of an unsatisfactory situation, and is therefore considered a vital coping resource against despair.

Hope as an emotion which motivates behaviour was also described by Farran, Herth, and Popovich (1995). Averill and colleagues (Averill, Catlin, & Chon, 1990; Averill, 1994) proposed an “emotion” theory of hope which is based on hope meeting the following four rules:

- prudential rule, i.e. probability of goal attainment is realistic;
- moralistic rule, i.e. what is hoped for is deemed to be personally or socially acceptable;
- priority rule, i.e. outcomes and events are appraised as important;
- action rule, i.e. there is willingness to take appropriate action.

Fredrickson (2009) sees hope as occupying a special place among positive emotions (such as joy, gratitude, serenity, interest, pride, amusement, inspiration, awe, and love). However, while positive emotions typically develop when we feel comfortable and safe, hope is often related to difficult and challenging situations.

Fredrickson (1998, 2002) created a *Broaden-and-Build Theory* focusing on the beneficial effects of positive emotions. Based on her extensive research (2009), Fredrickson declared that positive emotions broaden an individual’s momentary thought-action repertoire because they open one’s mind to new stimuli and promote discovery of novel and creative ideas, and social bonds. These serve to build one’s personal capacities and resources (physical, psychological, intellectual and social). Positive emotions create more space for intuition and creative solutions to problems; they also promote activity and successful performance. Moreover, positive emotions also have significant favourable effects on motivation. People who are in a positive mood see goals as being more easily attainable, and they show greater persistence in goal pursuits.

Fredrickson’s findings suggest that positive emotions improve physical and mental capabilities as well as long-term well-being (Fredrickson, 2009). People with abundance of positive emotions in their daily lives show high levels of positive mental health and *flourishing* (Diehl, Hay, & Berg, 2011; Fredrickson, 2004). Unlike individuals with low levels of positive mental health and even

symptoms of depression, “optimistic” persons displayed significantly more positive emotional reactions to daily activities and events (social interactions, learning, play, intellectual and spiritual activities, helping others). Over time, the increased positive reactivity predicted higher levels of *mindfulness*, which in turn had positive benefits on mental health (Catalino & Fredrickson, 2011).

Nowadays, advanced technologies make it possible to study positive emotions not only at the psychological level, but also at the neurophysiological and biochemical levels. There is strong evidence that positive emotions, with limbic representations and connections involving the immune and endocrine systems, have a significant effect on health (Barefoot, Maynard, & Beckham, 1998; Cohen, Doyle, Turner, Alper, & Skoner, 2003; Emmons & McCullough, 2003). Not only do positive emotions and feelings of inner peace have a harmonising effect on homeostasis, but they also facilitate the excretion of undesirable substances (Fredrickson, 2009). A predominance of positive feelings has been found to predict lower stress hormone blood levels and to boost the immune system through increased dopamine and serotonin production, while also reducing inflammatory responses to stress. The role of oxytocine whose contribution to health consists in attenuating the course of stress reactions was also studied (Reis & Gable, 2007). Positive emotions were also linked to lower blood pressure, improved sleep quality, lower risk of the development of a cardiovascular disease and diabetes, and increased vagus nerve activity (Fredrickson, 2009; Kok et al., 2013).

## 2.3 Hope as a Character Strength

According to Erikson (Erikson, 1994; Erikson & Erikson, 1998), hope is the basic strength (virtue or ego competence) of the first of eight developmental stages, one that arises from successful resolution of the identity crisis faced by the individual at that stage and which is related to basic trust versus basic mistrust. Hope as conceived by Erikson is a type of innate drive motivating the child to take action to achieve his or her goals. He sees basic hope as being particularly important for

psychosocial development because it develops first and becomes the most permanent of all the ego strengths, paving the way for the next ego competences with which it participates in the process of shaping the individual's personality. Thus, basic hope is seen as a prerequisite for all the other strengths.

In positive psychology, character strengths and virtues are understood as those personality traits which not only facilitate effective coping with difficult life situations, but also promote successful social functioning, self-development and goal attainment.

Snyder and Lopez (2007) define character strengths as the capacities that people have for thinking, feeling and behaving, and which enable them to flourish. Linley (2008) understands character strengths as encompassing intellectual character strengths, components of social intelligence, and virtues. According to him, character strengths begin to show themselves in early childhood and they can be retained and cultivated throughout life. Recognizing and utilizing these strengths gives us a feeling of authenticity – a feeling that we are ourselves. Moreover, character strengths also constitute an important source of inner energy and motivation.

At its inception, positive psychology lacked a common scientific vocabulary for discussing measurable personality traits. According to Seligman (2002), a fundamental concept in the study of human behaviour is that of character. In cooperation with other positive psychology researchers, Peterson and Seligman (2004) developed the VIA Inventory of Strengths, an extensive system for the classification and measurement of character strengths. The authors openly admit to being inspired by earlier works on the topic of positive personality traits. For instance, Thorndike, one of the most influential psychologists in the early positive psychology's era, wrote extensively on character cultivation (Thorndike, 1940). Another well-known psychologist, Erikson, mentioned above, proposed a theory of psychosocial development. The ability to successfully pass the stages that a healthily developing individual should go through from infancy to late adulthood was found to be closely related to character strengths (Erikson & Erikson, 1998). Maslow (2000) who proposed the hierarchy of needs,

the top level of which covers such needs as self-actualisation and transcendence, also deserves a mention. According to Maslow, self-actualisation is characterised by “the full use and exploitation of talents, capacities, potentialities” (Maslow, 1970, as cited in Peterson & Seligman, 2004).

The VIA Inventory of Strengths contains three levels of abstraction of the good character. The highest level comprises six broad virtue categories (wisdom, courage, humanity, justice, temperance, and transcendence), which in turn cover 24 character strengths (second level). These are psychological mechanisms and processes defining virtues. The lowest level of abstraction consists of “situational themes”. These are defined as the particular habits that lead people to show given character strengths in given situations (Peterson & Seligman, 2004). Peterson and Seligman argue that people typically have certain *signature strengths*, which they frequently exercise. Signature strengths are similar to Allport’s personality traits (Allport, 1961).

Peterson and Seligman (2004) classify hope as falling under the broad virtue category of *Transcendence*, as shown in Table 1. Transcendence encompasses those character strengths that forge an individual’s connections to the universe, make it possible to appreciate one’s life and other life forms, and provide meaning to life.

Hope as a stable personality trait (*fundamental hope*) was defined by Scioli and Biller (2009, p. 30) as a “future-directed, four-channel network, constructed from biological, psychological, and social resources”. Its principal dimensions are four human needs: attachment (basic trust and openness), mastery (higher goals, empowerment beliefs, and collaborative tendencies), survival (liberation beliefs and self-regulation capacities), and spirituality (Scioli et al., 2011). The authors describe hope network as a five-level foundation comprising biological systems, genetic dispositions and expressions, as well as psychological, social, and spiritual components (Scioli et al., 2016).



**Table 1** *VIA Classification of Virtues and Character Strengths (CS)*  
(Peterson & Seligman, 2004)

Virtue	Wisdom	Courage	Humanity	Justice	Temperance	Transcendence
CS	Creativity	Bravery	Love	Teamwork	Forgiveness	Appreciation of Beauty & Excellence
	Curiosity	Perseverance	Kindness	Fairness	Humility	Gratitude
	Judgment	Honesty	Social Intelligence	Leadership	Prudence	Hope
	Love of Learning	Zest			Self-Regulation	Humor
	Perspective					Spirituality

### 2.3.1 Research on Hope as Character Strength

Numerous studies on character strengths have highlighted the importance of hope. For example, hope is one of the character strengths which most closely correlates with life satisfaction and happiness across cultures (Buschor, Proyer, & Ruch, 2013; Martinez-Marti & Ruch, 2014; Park, Peterson, & Seligman, 2004; Shimai et al., 2006), and with work satisfaction across occupations (Peterson, Stephens, Park, Lee, & Seligman, 2010; Slezackova & Skrabska, 2013).

In the context of education, higher hope levels were also associated with positive classroom behavior (Wagner & Ruch, 2015), better academic achievement (Park & Peterson, 2009) and college satisfaction (Lounsbury et al., 2009). In a study on adolescents with and without cognitive disabilities, both hope and optimism predicted life satisfaction (Shogren et al., 2006). Teachers high in hope, zest and emotional

strengths tended to experience more positive emotions, less negative emotions, and greater life satisfaction (Chan, 2009).

Hope as a character strength is also positively correlated with mental health. Together with zest and leadership, hope was found to be substantially related to fewer anxiety and depression issues (Park & Peterson, 2008). Hope, along with kindness, social intelligence, self-regulation, and perspective, functions as a buffer against the negative effects of stress and trauma (Park & Peterson, 2006, 2009). Hope is also negatively related to indicators of psychological distress and school maladjustment among adolescents (Gilman, Dooley, & Florell, 2006). Within a healthcare context, hope was found to be a significant predictor of medication adherence among child asthma patients (Berg, Rapoff, Snyder, & Belmont, 2007).

## 2.4 Perceived Hope

The relatively new concept of *perceived hope* is broader than that of dispositional hope. Perceived hope refers to hopeful feelings in the sense of having a deep trust in positive outcomes, particularly in difficult life situations that are beyond our direct control (Krafft et al., 2017; Krafft & Walker, in press).

This latest conceptualisation of hope accommodates two different perspectives on hope: the individualistic and cognitive vs. transcendental and emotional. Krafft, the author of the concept of perceived hope (Krafft, 2014, 2015), aims to fill the missing pieces in Snyder's theory, such as the spiritual and the relational aspects. His aim is also to account for phenomena that are beyond human control; attempting to explain the related efforts in terms of Snyder's pathways and agency is inadequate. Krafft distinguishes perceived hope from optimism and dispositional hope, which he compares to self-efficacy. While other approaches utilise the self-concerned model of goal attainment, Krafft realized that the sources of deeper feeling of hope were principally linked to a faith and belief in something or someone greater than oneself. The perceived hope is thus more strongly related to self-transcendent views and desires such as experiencing meaning in

life, helping other people, enjoying close and trusted relationships as well as having spiritual or religious experience.

In addition to the above, Krafft's concept of perceived hope follows from "implicit" theories of hope, i.e. from how people define hope for themselves.

## **2.5 Other Approaches to Hope**

Several authors created definitions of the concept of hope to be used in health promotion. Obayuwana and Carter (1982) defined hope as a state of mind resulting from the positive outcome of the "hope pentagram". Its five components - ego strength, perceived family support, education, religion, and economic assets - are considered important determinants of hope.

According to Morse and Doberneck (1995), hope is a response to a threat, and an act that allows one to overcome despair and reduce suffering. They studied hope on four groups of respondents: breast-feeding mothers returning to work; survivors of breast cancer; patients with spinal cord injuries; and people awaiting heart transplants. Based on their research they defined seven basic components of hope:

- a realistic initial assessment of the predicament or threat;
- envisioning of alternatives and setting of goals;
- a bracing for negative outcomes;
- a realistic assessment of personal resources and of external conditions and resources;
- the solicitation of mutually supportive relationships;
- the continuous evaluation for signs that reinforce the selected goals;
- a determination to endure.

The four different groups of research participants yielded several different hope patterns: hoping for a chance (finding a suitable donor, return to health); incremental hope (for instance, when weaning a patient off ventilatory support, every moment brings the person closer

to independent breathing); hoping against rational expectations (for instance, recovered cancer patients hope for positive results of regular check-ups); and provisional hope (Morse & Doberneck, 1995).

A dynamic perspective on hope was proposed by Farran, Herth, and Popovich (1995). Morse and Penrod (1999) also viewed hope as a process. Their concept of hope comprises the components of enduring, uncertainty, suffering, and hope, which are related to goals, pathways, time perspective, and cognitive level.

Another approach drawing on medical environments was developed by Li (2000), who understands hope as arising out of interpersonal interactions. Hope is created, reinforced or lost through communication between a patient and medical staff. In this context, hope is seen as comprising three stages: identification of the initial level of hope, creation of a trustful alliance, and, most importantly, hope transformation. The last stage (or component) occurs through viewpoint-sharing between the patient and the medical practitioner.

## 2.6 Measuring Hope

Several scales have been developed to assess various aspects of hope and to obtain insight into the affective, cognitive, relational, or spiritual elements of hope.

*The Hope Scale* (Erickson, Post, & Paige, 1975) is one of the oldest methods of hope measurement. It is one dimensional and contains 20 statements describing possible goals that individuals can set for themselves, along with the probability of attaining these goals.

*The Hope Index Scale* (Obayuwana et al., 1982) includes 60 items divided into 5 sub-scales: ego strength, religion, family support, education and economic assets.

*The Miller Hope Scale* (Miller & Powers, 1988) contains 40 items grouped into three categories: satisfaction with self, others and life; avoidance of hope threats; and anticipation of a future.

*The Nowotny Hope Scale* (NHS; Nowotny, 1989) is a 29-item multi-dimensional questionnaire that measures six components of hope: confidence in outcome, relationships with others, belief in the

possibility of a future, spiritual beliefs, active involvement, and inner readiness.

The most common method of hope measurement which is currently being used is the *Adult Dispositional Hope Scale* (ADHS; Snyder et al., 1991), which measures Snyder's cognitive model of hope. It contains 12 items, four of which measure pathways thinking, four measure agency thinking and four are fillers. The scale, frequently named "The Future Scale", is used for adults aged over 15 years. Each item is answered using an 8-point Likert-type scale (1 = Definitely False; 8 = Definitely True). The scale generates three scores: one for pathways, one for agency, and an overall hope score that is created by summing the agency and pathway items. The higher the total score, the higher the overall degree of the respondent's hope. The Agency score can range from a minimum of 4 to a maximum of 32 points, with higher numbers reflecting a higher amount of goal-directed energy. The Pathways score can also range from 4 to 32 points, with higher numbers indicating a greater capability for planning to accomplish goals. Since the above scale only taps into trait hope, measuring general characteristics rather than context-dependent hope levels, an *Adult State Hope Scale* was developed (ASHS; Snyder et al., 1996). This scale assesses hope as a state, measuring goal-directed thinking in any given moment.

Snyder et al. (1996) also developed a 6-item *Children's Hope Scale* intended for children and adolescents aged between 7 and 16 years. McDermott et al. developed the *Young Children's Hope Scale* (YCHS; McDermott, Hastings, Gariglietti, & Callahan, 1997) designed for children aged 5 to 7.

While both ADHS and ASHS measure "general hope" independently of different life domains, Sympson (1999, as cited in Lopez, Ciarlelli, Coffman, Stone, & Wyatt, 2000) created the *Adult Domain-Specific Hope Scale* (ADSHS) that measures an individual's level of dispositional hope within six specific life domains: social (friendship, casual acquaintances), academic (school, coursework), romantic relationships, family life, work, and leisure activities.

Other methods of hope assessment include the *Children's Hope Scale* (CHS) *Observer Rating Form* (Snyder & McDermott, 1998, as

cited in Lopez et al., 2000) and the *Narrative Hope Scale* (Vance, 1996, as cited in Lopez et al., 2000).

Another method, the *Herth Hope Scale* (HHS; Herth, 1991), includes 30 items and covers three dimensions of hope (cognitive-temporal, affective behavioral and affiliative-contextual) as conceptualized by Dufault and Martocchio (1985); an abbreviated version of the HHS is the *Herth Hope Index* (Herth, 1992) containing only 12 items. The HHS aims to capture the multidimensional quality of hope which is measured in terms of temporality and future, positive readiness and expectancy, and interconnectedness.

*Hopefulness Scale for Adolescents* (Hinds & Gattuso, 1991) is a 24-item self-report scale measuring the degree to which an adolescent possesses a comforting, life-sustaining, reality-based belief that a positive future exists for self or others.

*Basic Hope Questionnaire BHI-12* developed by Polish researchers Trzebiński and Zięba (2003) is a 12-item Polish method which measures the strength of basic hope understood as in Erikson's theory, i.e. as the individual's conviction that all is well with the world which is organised, meaningful and benevolent.

*Comprehensive Hope Scales* (Scioli, Ricci, Nyugen, & Scioli, 2011; Scioli, Scioli-Salter, Sykes, Anderson, & Fedele, 2016) measure trait hope and state hope. Hope as a personality trait is measured by the *Comprehensive Trait Hope Scale*, a multidimensional measure consisting of 56 items that comprise 14 subscales in four dimensions (attachment, mastery, survival, and spirituality). The scales and items were derived from an integrative theory of hope (Scioli & Biller, 2009, 2010). The 14 subscales are made up of non-spiritual and spiritual scales. The non-spiritual scales are: Mastery (Ultimate Ends; Supported Mastery), Attachment (Trust; Openness), Survival (Personal and Social Terror-Management), and Positive or Negative Views of the Future. The remaining scales are explicitly spiritual (Spiritual Empowerment, Benign Universe, Spiritual Openness, Mystical Experience, Spiritual Terror Management, Symbolic Immortality, and Spiritual Integrity). Five scores are computed as follows: Mastery, Attachment, Survival, Spiritual, and Total Hope (Scioli et al., 2016). Hope as a state is

measured by the *Comprehensive State Hope Scale* consisting of 40 items in 10 subscales.

Tong et al. (2010, as cited in Krafft et al., 2017) have used a one-item measure for a quick assessment of an individual's level of hope ("I feel hopeful about the future").

The most recent method of hope measurement is a 6-item *Perceived Hope Scale* (Krafft et al., 2017) which aims to measure the role and importance of hope as perceived by the public. The authors have adapted and reformulated four items from the hope and optimism subscale of the World Health Organization's Quality of Life, Spirituality, Religion and Personal Beliefs Questionnaire (WHOQOL SRPB Group, 2006, as cited by Krafft et al., 2017) and added two additional items related to the aspects of hope not covered by the WHOQOL-SRPB (one recognizing the dialectical relation between hope and anxiety, and another one to assess the degree of fulfillment of one's own hopes). The primary advantage of the *Perceived Hope Scale* is that the items do not mix hope with optimism and they cover varying aspects of hope: level of hope; fulfillment of hope; effect of hope; hope/anxiety duality; and the special situations in which hope arises (Krafft et al., 2017).

## Chapter 3. Hope during the Life Course

As one of the main demographic variables, age should not be overlooked in any attempt to provide a coherent account of the phenomenon of hope. The role and importance of hope with respect to varying age groups have been studied by numerous researchers; allowing for the construction of the evolution of hope over the life course.

Bailey and Snyder (2007) studied hope levels among a sample of 215 persons aged 18 and over. They focused on age-related changes in hope and on the dependence of hope on an individual's marital status. The study revealed significant differences in the level of hope across varying age cohorts. More specifically, dispositional hope was found to be significantly lower for the older cohort (age 54-65) than for the other cohorts. The above finding can be explained by the fact that older people tend to pay increased attention to their health issues and to achieving financial security for retirement; thus, their goal-directed thinking can be sidelined (Snyder, 2000a). The study by Bailey and Snyder (2007) showed no differences in hope between men and women from the same age cohort. As regards possible differences in dispositional hope levels related to marital status, low hope levels were found among those who were separated, divorced, or widowed.

Slezackova and Vemolova (2017<sup>1</sup>) also sought to reveal possible age-related differences in dispositional hope in their study on a sample of 1,634 individuals aged 15 to 93 years. Young adults (20 – 35 years) were found to exhibit significantly higher hope levels than both adolescents (15 to 19 years) and middle adults (35 – 50 years).

Some studies have not found hope to be age-dependent; for instance, McGill and Paul (1993). However, this may have been due to the narrow age cohort chosen for the study (65 to 86 years).

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<sup>1</sup> The study was a part of a project entitled *Health-Enhancing and Health-Threatening Behaviour: Determinants, Models and Consequences* funded by the Czech Science Foundation (grant No. 13-19808S, 2013-2016).



### **3.1 Hope in Children and Youth**

Current studies focusing on hope in children bring scientifically interesting findings related to a correlation of hope to social support (Kemer & Atik, 2012; McCoy & Bowen, 2015; Morley & Kohrt, 2013; Ng, Chan, & Lai, 2014), positive emotionality in parents (Hoy, Suldo, & Mendez, 2013) and health (Venning et al., 2007).

Snyder et al. (1996) examined the relationship between hopeful thinking and perceived competence and control among school-age children. The children completed the method which measured their self-perceptions in five areas: perceived performance at school; degree of felt popularity with peers; perceived ability to perform in sports; contentment with one's appearance; and contentment with the way they behaved. The study confirmed the authors' hypotheses that children who are happy with their looks and behaviour and who view themselves as more popular among peers exhibit elevated hope; the same was true for children who viewed themselves as more capable at performing well in sports and at school. Moreover, the study revealed a tendency in children with elevated hope levels to moderately overestimate themselves, making them less mentally vulnerable to sources of possible harm in their environments (Snyder et al., 1996).

The positive relationship between hope (as understood by Snyder's model) and better performance at school and in sports was confirmed by Curry, Snyder, Cook, Ruby, and Rehm (1997). A positive correlation between hope and school performance, life satisfaction and effective coping strategies in students was revealed by numerous studies, including Chang (1998), Ciarrochi et al. (2007), Leeson, Ciarrochi, and Heaven (2008), Range and Penton (1994), and Snyder et al. (2002). A study by Peterson and Steen (2002) showed that hope, along with optimism and self-esteem, is a key protective factor in the psychological development of adolescents.

Ciarrochi, Parker, Kashdan, Heaven, and Barkus (2015) conducted a longitudinal study investigating the effects of hope on emotional well-being among a sample of 975 adolescents. Hope turned out to be a reliable predictor of future emotional well-being particularly during

their transition years (for instance, starting secondary school or changing school).

Holden (2006) studied hope and concerns about the future in schoolchildren aged 9 to 11 years. The children were asked about the wishes they had for the future for themselves, for the area they lived in and for the world. Holden's aim was to examine their ways of thinking in relation to phenomena wider than those involving their immediate self. In general, the children hoped their future would be better than what they were experiencing at the moment of testing, though a small proportion of them had a negative view of the future. The latter were mostly boys from urban environments who had to cope with the negative consequences of moving to a city.

A number of studies focusing on children and adolescents and investigating the relationship of dispositional hope to different variables were carried out within the Czech Positive Psychology Centre. Of these, five are presented below.

A study conducted by Benesova and colleagues on a sample of 350 Czech children aged 8 to 12 years revealed significant differences between children with high and low hope. The children with high hope exhibited greater satisfaction with their lives, physical appearance and family background, and were more physically active in comparison with their less hopeful peers (Benesova et al., 2014).

Slezackova and Gregusova (2012) investigated the relationship that hope, gratitude and perceived meaningfulness of one's life have with subjective well-being. The research sample comprised 175 secondary school students (mean age 18 years) and 175 university students (mean age 22.2 years). The aim of the study was twofold: the first was to compare the results from the two age cohorts; and the second was to compare hope levels among Czech secondary-school and university students with hope levels among students from neighbouring Slovakia (Halama, 2001). Czech university students were found to exhibit significantly higher levels of hope and well-being than secondary school students. Well-being in secondary school students was primarily affected by perceived meaningfulness of life; in university students it was mostly affected by hope levels. While Slovak secondary school

students had higher hope than their Czech counterparts, hope levels in university students were similar for both countries.

Slezackova and Blahovska (2013) focused on examining how hope is related to gratitude, forgiveness, subjective well-being, and perceived health among Czech and Slovak university students. Significant positive relations were revealed among all the examined variables in both samples. Interestingly, the closest relationship was found to be that between hope and forgiveness. Hope (more specifically, its agency component) served as the strongest independent predictor of the students' psychological well-being.

Another cross-cultural comparative study aimed to explore the importance of dispositional hope and perceived hope for life satisfaction among 111 Czech and 129 Indian respondents aged 18 to 29 years (Slezackova & Choubisa, 2017). A secondary objective was to investigate the relationships between hope, spirituality, meaningfulness of life, depression, quality of relationships and life satisfaction, and to reveal possible differences between the two samples (Czech and Indian) in predictors of life satisfaction. A comparative analysis showed that Czech young adults scored significantly higher in perceived hope, life satisfaction, spirituality, meaning of life, and positive relationships, while Indian respondents reported higher depression. Cultural differences were also revealed with respect to hope: among the Czech sample, perceived hope was found to correlate more closely with the other investigated variables than dispositional hope, while among the Indian sample it was dispositional hope that showed closer correlations with the other variables. Based on a regression analysis, the main independent predictors of life satisfaction among the Czech sample were depression and perceived hope; on the other hand, life satisfaction among the Indian respondents was mainly affected by dispositional hope, meaningfulness, and spirituality. The results of the study did not only reveal cultural differences in life satisfaction, but they also pointed out the importance of distinguishing between the two concepts of hope.

The last example of the studies conducted by CPPC is that which focused on the object of hope in children and youth. Slezackova et al. (2015) conducted a study of children's hopes and wishes on a sample of

350 Czech children aged between 8 and 14. Most frequently, the children's strongest wishes were related to social relationships (wish for a loving family, for siblings and friends). Their next set of wishes were related to material objects. Other wishes concerned achieving personal goals in the area of education, sports, profession and lifestyle. The participants also wished for happiness, life satisfaction, health and feelings of safety. In addition to the above, the younger schoolchildren engaged in wishes for supernatural powers and the ability to control reality.

As hope tends to arise in dire circumstances, much can be learnt from investigating hope in children who are in difficulties. Herth (1998) focused on "hope as seen through the eyes of homeless children". Using the methods of semi-structured interviews and drawings, the author collected data on a sample of 60 American children aged 6 to 16 living in shelters for the homeless. The data revealed a total of five protective techniques that the children used to foster and maintain their hope: connectedness (a close bond with at least one person), internal resources (personal strengths shaping the child's psychological response to difficult situations), cognitive strategies (conscious efforts to set one's mind on a positive perception of reality), energy (physical vigour and psychosocial vitality promoting goal attainment actions), and hope objects (personally valuable things).

The results of all of the above studies confirm the role of hope as an important factor in childhood and adolescence development.

### **3.2 Hope in Adults**

While hope has been established to be closely related to social support in children, studies conducted on various samples of adult population revealed a tight correlation between hope and quality social relationships (Horton & Wallander, 2001), life satisfaction (Slezackova, 2015; Slezackova & Krafft, 2016), work contentment (Duggleby, Cooper, & Penz, 2009) and the overall quality of life (O'Sullivan, 2010; Wu, 2011).

Reichard, Avey, Lopez, and Dollwet (2013) investigated hope in work settings. Individuals with high hope displayed higher levels of job satisfaction, well-being, perceived competency and commitment; at the same time, they experienced less stress and burnout.

Brustmannova and Slezackova (2016) explored the relationship between hope, psychological well-being, persistence, and negative life events on a sample of 338 respondents aged between 15 and 76 years. The results showed that hope served as the strongest independent predictor of well-being. No significant differences in hope were revealed with regard to either gender or age. However, people living in a long-term partnership showed higher levels of hope than those who were single.

A study by Slezackova and Vemolova (2017) investigated the connections between hope, physical and mental health, and health-promoting behaviour. High-hope individuals were found to take better care of their health. They also reported fewer health complaints and better mental health. A more detailed analysis revealed that the strongest predictor of perceived health was the agency hope component.

Several CPPC studies investigated the role of hope in adults who found themselves in grim life circumstances. The results were presented in two Master's degree theses (Biskupic, 2014; Hanysova, 2015) supervised by the author of this text. Both studies were conducted in cooperation with a Czech local branch of the Salvation Army which provides a shelter for homeless people.

The study by Hanysova (2015) was conducted using a sample of 65 homeless people (83 % male and 17 % female, aged 19 to 75 years). The results showed that those with higher hope levels were also more grateful for the good things in their life and reported higher levels of psychological flourishing. Hope and gratitude served as independent predictors of flourishing. Interestingly, hope was unrelated to age, gender or even the duration of homelessness, but it was connected with religiousness and spirituality. Homeless believers showed more hope and gratitude than non-believers. The participants also reported that serving a higher purpose helped them cope with what would have otherwise been unbearable circumstances. The survey included

a question asking about sources of hope. The principal source of hope for the participants were their families, particularly their children. Nevertheless, they often added that “you need to seek hope in yourself in the first place”. A minority of respondents felt a lack of hope: 13 % reported that nothing in life gave them hope; 16 % were dissatisfied with all of their life, and 8 % saw no purpose in life.

Similar results were obtained in a study conducted by Biskupic (2014) and focusing on hope in homeless shelter workers. The research sample consisted of 54 Salvation Army employees (54 % male and 46 % female, aged 23 to 74 years). The same positive relationship was found between hope, gratitude and flourishing. With reference to the sources of hope, the respondents drew hope primarily from their families, but their religious faith served as an important additional source. In fact, the ability to maintain hope proved to be the strongest predictor of the workers’ flourishing.

Taken together, these two studies have found that, while the homeless people did not significantly differ in their level of hope and gratitude from the Salvation Army workers, their psychological flourishing was significantly lower (Biskupic, 2014; Hanysova, 2015).

### 3.3 Hope in Older Adults

Older adults may find it particularly difficult to maintain hope and an optimistic view on life. Yet, a positive perspective on the future is one of the key components of *successful ageing*, along with factors such as a satisfactory state of health, financial security, productivity, independence and engagement in meaningful relationships and activities (Baltes & Baltes, 1990; Williamson, 2002). Lavretsky and Irwin (2007) consider the ability to maintain hope and optimism to be one of the components of *healthy ageing*. The other components are normal intellectual functioning, the ability to control emotions, healthy self-confidence, altruism, sense of humour, and an active approach to coping with difficulties.

An advanced age brings with it numerous challenges in the form of deterioration of health and intellectual abilities, as well as having to face

psychologically demanding situations such as retirement and the loss of a life partner. Coupled with awareness of the finite nature of human life, the above factors can easily lead to a decrease in hope (Cheavens & Gum, 2000; Snyder, 2002; Thom , Dykes, & Hallberg, 2004).

Evidence for an age-related decrease in hope was found by Bailey and Snyder (2007) mentioned above. In their study, the oldest age cohort (55 – 65 years) showed lower hope scores and was less successful in pathways thinking than all the three younger cohorts (25 – 34 years, 35 – 44 years, 45 – 54 years). The decrease in hope among the elderly can be explained by a greater focus on health issues and diversion from pursuing one’s goals (Snyder, 2000a). Wroblewski and Snyder (2005) revealed that the elderly with higher hope displayed higher life satisfaction and were more confident about reaching their goals. However, as has already been noted, some researchers do not hold the view that hope is age-related; rather, they believe it is correlated with personality traits and social relationships throughout an individual’s life (Buckley & Herth, 2004; Windsor, 2009). Age-relatedness of hope was not confirmed for instance by McGill and Paul (1993). Esbensen, Osterlind, Roer, and Hallberg (2004) identified low hope levels together with serious health issues as predictors of decreased quality of life in elderly people.

It is important to note that hope can also be influenced by long past events, particularly those affecting relationships with significant others (Westburg, 2001). Westburg studied hope levels on a small sample of women aged 70 or older. The women were interviewed about their perceptions of their close relationships. To assess their hope level, Snyder’s Hope Scale was administered. The lowest hope levels were found in women whose mother-daughter bond was broken (either through death or separation) when they were under 10. Overall, the women were found to be hopeful, which was related to their satisfactory social relationships both in the past and the present. Windsor (2009) supplied evidence that hope, healthy social relationships and engagement in pleasant activities facilitate coping with age-related changes.

A study by Moraitou, Kolovou, Papasozomenou and Paschoula (2006) examined the relationship between dispositional hope, adaptation to old age and demographic characteristics. The research sample comprised 150 adults of Greek nationality aged 60 to 93 years. Hope levels and adaptation to old age were found to be nearly independent of gender and education. Interestingly, the effect of the old people's health status on their hope levels was equally mild. The only significant relationship was established between hope levels on the one hand and age, marital status and place of residence on the other. Advanced age was also identified as a limiting factor with respect to adaptation possibilities. The single elderly displayed lower hope levels than those living with a partner. Moreover, people living in urban areas were less hopeful than those residing in rural areas.

Another researcher reporting that hope bears a close connection to both current and expected quality of life (QoL) of the elderly is Staats (1991). In her preliminary report on a project aiming to increase hope and QoL in older people, she presents data indicating that hope levels can indeed be increased through specially designed training sessions promoting hopeful thinking.

Olsen (2013) addressed the question of whether, and to what extent, it is possible to increase hope levels in the elderly residing in nursing homes and who have to face significant life changes and losses. According to Olsen, a rediscovered feeling of hope helps to increase the quality of life, thus contributing to "successful ageing". He stresses the importance of the role of nursing staff, who can significantly contribute to increasing hope in nursing home residents by their care, attention and appreciation. Another key factor is cooperation between the nursing staff and the old people's family members. Increased hope in family members can also boost hopeful thinking in the elderly.

Hope in older adults was also the focus of one of the studies conducted within the CPPC (Hesova, 2014). The study aimed to investigate the relationships between hope, life satisfaction, perceived meaningfulness of life, and the factors of healthy ageing as defined by Vaillant (2002), i.e. the absence of smoking, absence of alcohol abuse, adaptive coping style, healthy weight, stable partnership (marriage),



physical exercise and education. The research sample comprised 53 nursing home residents aged 62 to 99 (40 % male and 60 % female; mean age 78 years). More predictors of healthy ageing were seen in the elderly with higher levels of hope and perceived meaningfulness. Hope levels depended primarily on the healthy ageing predictors related to the participants' approach to life up to the time they were 50 years old. A relationship of linear correlation was found between the two concepts: the more predictors an individual showed, the higher the hope levels detected. On the other hand, the effect of the predictors related to the old people's current lifestyle was marginal. No statistically significant differences were found between men and women with respect to hope, life satisfaction or perceived meaningfulness of life.

A range of studies focusing on older adults' perceptions of the quality of their lives point out that high levels of hope, perceived meaningfulness of life and life satisfaction significantly contribute to successful ageing (Strawbridge, Cohen, Shema, & Kaplan, 1996; Vaillant, 2004).

## Chapter 4. Hope and Mental Health

Hope is considered to be an important variable in mental health practice because it is central to human adaptation, resilience and, importantly, recovery from mental disorders. The connection between hope and mental health (including stress levels and coping strategies) has drawn the attention of numerous researchers. Gallagher and Lopez (2009) showed that hope, optimism and positive expectations about the future have a favourable effect on mental health.

Shorey, Snyder, Young, and Lewin (2003) investigated the mediating role of hope in mental health and adult attachment. Erickson, Post, and Paige (1975) focused on the relationship between psychopathology and hope (which they defined as “the probability of goal attainment”) utilising a research sample consisting of adult patients with acute schizophrenia and healthy controls. In their study, higher hope levels were found to negatively correlate with psychopathology.

Benzein and Berg (2005) investigated the relationship between hope (as measured by the *Herth Hope Index*), hopelessness (measured by Beck’s *Hopelessness Scale*) and fatigue on a sample of palliative care patients and their families. Quite interestingly, hope levels proved to be significantly lower among the family members than among the patients. For the patients, a significantly positive relationship was found between age and hopelessness, and a negative correlation was established between hopelessness and hope. For the family members, negative correlations were found between hope and age, hope and hopelessness, and hope and fatigue. Based on the above results the authors concluded that any efforts to increase hope and decrease hopelessness and fatigue needed to include not only the patients in palliative care but their family members as well.

## 4.1 Hope, Anxiety and Depression

Depression is one of the most common mental health issues. Cheavens (2000) used Snyder's hope theory to gain a better understanding of the onset and development of depression as well as to suggest effective intervention methods. In her work she focused on hope (or hopelessness) as a variable that can be viewed as one of the symptoms which may play an important role in the development of depression. She explains that depressive people tend to engage in few goal-related thoughts but the goals are perceived by the patient as being of crucial importance. The patient's inability to achieve the goals (often because they are unrealistic to achieve) aggravates the already existing feelings of worthlessness, inadequacy and despair, which in turn has a negative effect on the person's agency. Consequently, generating pathways is impaired by the person's lack of self-confidence, learned helplessness and inability to abandon unproductive means of solving the problem at hand. By contrast, high-hopers typically set many goals for themselves while at the same time being able to generate feasible pathways and abandon dead-end ones.

Cheaven's views are in line with the findings by Banks, Singleton, and Kohn-Wood (2008), whose results show that high hope is directly related to low levels of depressive symptoms.

Visser, Loess, Jeglic, and Hirsch (2013) focused on factors affecting depressiveness across different racial and ethnic groups. In their study, women were found to be more prone to depressive symptoms than men, and they also showed lower trait hope.

In a study by Gottschalk (1974), hope was found to be a worthy predictor of a favourable outcome among psychiatric outpatients. In addition, the patients with higher hope scores were more likely to follow doctors' recommendations. The positive impact of hope on depressive symptoms and on coping with physical disability was also shown by Elliott, Witty, Herrick, and Hoffman (1991) who conducted a study on a sample of 57 adults with severe physical disabilities. Hopeful people showed lower depression and better social relations than those with lower levels of hope. The mediating effects of hope on perfectionism

and depression were investigated by Mathew, Dunning, Coats, and Whelan (2014). Contrary to the authors' expectations, the results showed that maladaptive perfectionists displayed higher levels of the agency hope component than non-perfectionists. Based on their findings the authors suggested using interventions that promote pathways thinking and the ability to actually utilize the generated pathways to combat depression in maladaptive perfectionists.

Xingwei, Qin, Xiang, and Taisheng (2016) studied the relationship between hope and the number of perceived reasons for living in a clinical sample of depressive patients. The results confirmed the authors' hypothesis that hope and reasons for living may act as protective factors against suicidal ideation and attempts. Moreover, hope was found to significantly inhibit the transition of suicidal thoughts to suicidal attempts.

Hope has also been studied in patients who showed numerous depressive symptoms coupled with low hope following a traumatic brain injury (Peleg, Barak, Harel, Rochberg, & Hoofien, 2009). In this study, hope was among the significant predictors of depression severity.

Michael (2000) addressed the mechanisms of interaction of hope with anxiety. While moderate anxiety can boost action, severe anxiety along with the related feelings of helplessness and insecurity inhibits the search for constructive solutions, reduces the agency component of hope and decreases the perceived probability of goal attainment. This study showed that hope was found to act as a resource that may prevent anxiety from overwhelming and disabling the patient. Thus, hope appeared to have a moderating effect on anxiety; hopeful people are capable of defying the effects of anxiety by their conscious efforts to focus on goal attainment. The energy incited by anxiety can also be used to fuel goal-directed action.

The mitigating effects of hope on dysphoria were demonstrated by Chang and DeSimon (2001). In their study, high hope was found to significantly predict effective coping strategies and positive adjustment to difficult life situations.

Our own research, which was a part of an international project entitled *Hope Barometer* (Krafft, 2015; Krafft, Martin-Krumm,

Slezackova, Izdebski, & Kasprzak, 2016), aimed to reveal the predictors of depression and to investigate the expected protective role of dispositional and perceived hope (Slezackova, 2015). The study was conducted on a sample of 753 adult Czech respondents aged 15 to 80. Perceived hope showed a stronger negative correlation to depression than dispositional hope. A multiple linear regression analysis revealed perceived hope, life satisfaction, meaningfulness and gratitude as the independent negative predictors of depression. Mediation analyses showed a direct effect of dispositional hope on depression, but the indirect effect through perceived hope was stronger. The above findings support the legitimacy of the distinction drawn between the concepts of perceived hope and dispositional hope (Krafft, 2014, 2015; Krafft et al., 2107; Slezackova & Choubisa, 2017).

Another set of *Hope Barometer* data was analysed by Dvorska (2016). The research sample comprised 178 Czech respondents aged 18 to 69 years. The results confirmed the hypothesised negative relationship both between depression and perceived hope, and between depression and meaningfulness. However, it was found that the only independent predictor of depression was the concept of perceived hope; the predictive effects of the other variables (meaningfulness, generativity, and religiosity) were not statistically significant. Hope scores appeared to be unrelated to either gender or age, but they did differ depending on marital status. Single people exhibited significantly lower levels of perceived hope than those who were married or living with a partner.

The results of the above studies are in congruence with Snyder (2004) and they point to the importance of hope as a protective force against depression.

## 4.2 Hope and Coping with Stress

The effects of hope on the ability to cope with stress have been the focus of numerous studies. Snyder (2000a) demonstrated a positive impact of dispositional hope on coping with problems. Additionally, hope was found to affect the ability to cope with unpredictable stressors.

According to Snyder and Pulvers (2001), low hopers tend to have a catastrophic view of the future while high hopers were more inclined to use effective coping strategies more frequently.

Snyder and Dinoff (1999, p. 5) define coping as a “response aimed at diminishing the physical, emotional, and psychological burden that is linked to stressful life events and daily hassles”. The question of what coping strategies, namely techniques that people use to handle stress, are typically used by high hopers and how they differ from the strategies typically employed by low hopers was addressed by one of the studies conducted under the CPPC (Slezackova & Piskova, 2017). The research sample consisted of 196 young adults aged between 19 and 33 years (70.4 % female and 26.5 % male). People with high hope levels preferred coping strategies such as problem-solving, positive cognitive restructuring, and social support. They also displayed greater happiness and subjectively perceived health. By contrast, low hopers tended to employ wishful thinking, self-criticism, and social withdrawal. Similar results were obtained by Vatan, Lester and Gunn (2014), who investigated the relationship between hopelessness and problem-solving on a sample of Turkish undergraduates. In congruence with the above study by Slezackova and Piskova (2017), the strongest predictor of hope was the coping strategy of problem-solving.

Another study which focused on the connection between hope, coping strategies and problem-solving abilities was that by Chang (1998). The author examined the effects of high vs low hope on problem-solving capabilities and coping with stressful situations on a sample of 211 college students. High-hopers were found to be better at problem-solving and at utilising fewer disengagement strategies than low-hope students. However, the above distinction concerned academic situations only; no differences were found between the two groups of students with respect to coping with stressful interpersonal situations. Hope also proved to be an important predictor of both interpersonal and academic life satisfaction, regardless of the coping strategies employed.

Lopes and Cunha (2008) examined the potentially moderating role of hope in the relationship between optimism and proactive coping. Optimists were found to be more proactive than pessimists, irrespective

of hope levels. However, the high hope scores of some pessimists showed that their coping strategies were less maladaptive.

The impact of hope on the effectiveness of coping strategies was also studied by Hirth and Stewart (1994), who focused on whether it is social support or hope that predominantly enables coping in adults waiting for a heart transplant. The results indicated that hope was the only variable that affected coping effectiveness.

There is also evidence that hope dampens the impact of everyday stress on workers in the helping professions and serves as a prevention of fatigue and depersonalisation (Sherwin, Elliott, Rybarczyk, Frank, Hanson, & Hoffman, 1992). Ong, Edwards and Bergeman (2006) showed that hope leads to faster adaptation to stress, less frequent occurrence of negative emotions and less neuroticism in later adulthood.

### 4.3 Hope and Resilience

The concept of resilience, i.e. the ability to bounce back to healthy functioning after stressful experiences, is closely connected with many notions addressed within the field of positive psychology, namely subjective well-being, positive adaptation, effective coping in the face of adversity, and healthy functioning (Cefai et al., 2015; Joseph, 2011; Joseph & Linley, 2008a; Lemay & Ghazal, 2001; Masten, 2001; Seligman, 2011). The importance of retaining hope in adverse circumstances was demonstrated by Frankl in his book *Man's Search for Meaning*. Hope is described as an essential factor that sustained the prisoners throughout their time in the concentration camp (Frankl, 1992). According to Rutter (1993), coping strategies based on hopeful thinking are important for resilience to psycho-social adversity.

McCubbin et al. (1997) list a realistic hope and positive outlook among family resilience factors. These act protectively in adaptation to chronic stress, and also help in overcoming a crisis and restoring family functioning (McCubbin et al., 1997; Slezackova & Sobotkova, 2017). Brooks and Goldstein (2001) include parental optimism and hope among the important factors that may build or strengthen resilience in children.

Wu (2011) investigated the protective effects of hope and resilience on the quality of life of the families coping with criminal traumatising of one of its members. The results showed that resilience and hope significantly mitigated the impact of a post-traumatic stress disorder and depression in the victims of criminal acts and in their family members. Higher hope levels also increased the probability of receiving social support, which encouraged the people to nurture a positive view of themselves and to maintain or re-create a hopeful attitude towards their goals.

Horton and Wallander (2001) studied the impact of hope and social support on resilience and psychological distress in mothers of chronically ill children. The mothers with higher-quality social connections and higher hope scores were found to show greater resilience in stressful and mentally demanding situations.

The connection between hope and resilience was also investigated in a clinical environment. Ho, Ho, Bonanno, Chu, and Chan (2010) have found hope to predict resilience after genetic testing for hereditary colorectal cancer.

Satici (2016) demonstrated the mediating role of hope in the relationship between resilience, mental vulnerability and well-being in Turkish college students. A similar result regarding the moderating effect of resilience on the relationship between perceived hope and depression was obtained in one of the Czech *Hope Barometer* sub-studies (Panek, 2017).

## **4.4 Hope and Well-being**

A lack of hope is an important indicator of a malfunction of some sort (Bernardo & Estrellado, 2014). Previous studies (Bailey & Snyder, 2007; Ciarrochi et al., 2015) have established a positive relationship between hope and subjective well-being. High-hopers tend to be better at achieving their goals (including academic achievement, coping with stress, sport) than low-hopers, which in turn has a positive impact on their well-being and self-evaluation (Snyder, Rand, & Sigmon, 2002).



Kato and Snyder (2005) focused on the connection between hope and subjective well-being when testing the reliability and validity of the Japanese version of the *Dispositional Hope Scale*. Their results confirmed the hypothesised correlation between hope and well-being. Hope was also negatively correlated with hopelessness, anxiety and depressive tendencies. In two studies by Bailey, Eng, Frisch, and Snyder (2007), hope and optimism served as unique predictors of life satisfaction. The strongest unique predictor of life satisfaction was the agency component of hope. Demirli, Türkmen and Arik (2015) investigated the relations between dispositional and state hope scores and well-being on a sample of 881 college students. Dispositional hope was found to bear a positive relation to positive emotionality and flourishing, and a negative relation to negative emotionality.

Magaletta and Oliver (1999) studied the connections between the concepts of hope, self-efficacy, and optimism. The authors were also interested in the hypothesised ability of hope, self-efficacy and optimism to predict well-being. The investigated variables were positively correlated with each other, with hope being the most reliable predictor of well-being. The findings suggested that although hope, self-efficacy and optimism are closely related, they are separate constructs that should be studied independently.

Similarly, O'Sullivan (2010) revealed a positive correlation of hope, self-efficacy and eustress to life satisfaction among a sample of undergraduates. In line with the study by Magaletta and Oliver, hope was the most significant predictor of life satisfaction. The predictive effect of eustress, hope and self-efficacy was stronger than the predictive effect of eustress alone.

In a study by Duggleby, Cooper, and Penze (2009) conducted on a sample of 64 Continuing Care Assistants, hope along with self-efficacy and spiritual well-being was also positively correlated with job satisfaction.

Yarcheski, Mahon, and Yarcheski (2001) found a positive relationship between subjective well-being and social support mediated by hopefulness and self-esteem. In another study, hope was found to be a mediator in the relationship between personality traits (neuroticism,

extraversion, and conscientiousness) and life satisfaction (Halama, 2010).

Werner (2012) examined a mediation model for the relation between hope and subjective well-being among individuals with a serious mental illness. Both hope and needs (as measured by the *Camberwell Assessment of Needs*) were predictive of 40 % of the variance in subjective well-being, with hope being a stronger predictor. Path analyses revealed a strong direct effect of hope on subjective well-being, and a weaker (although still strong) indirect effect mediated through needs. Hope thus enhances the effectiveness of fulfilling one's needs, which in turn increases the individual's subjective well-being.

Faso, Neal-Beavers, and Carlson (2013) addressed the relation between dispositional hope and well-being in parents of children with an autism-spectrum disorder. The results indicated that regardless of symptom severity, vicarious futurity (which encompasses both positive and negative components of parental attitudes towards their child) strongly predicted the level of stress experienced by parents, hope predicted depressive symptoms, and both predicted life satisfaction. Hope and vicarious futurity were found to be weakly correlated. The findings suggested that both concepts were largely independent when influencing the well-being of parents raising an autistic child. Of the two components of hope, agency was found to be more consistent than pathways in predicting parental well-being.

The relation of hope to life satisfaction and meaningfulness was examined by Sle Zackova and Krafft (2016). The findings revealed significant intercorrelations between life satisfaction, perceived hope, dispositional hope and meaningfulness. Linear regression showed that perceived hope, dispositional hope, and meaningfulness served as independent predictors of life satisfaction, with perceived hope exhibiting the closest relationship to life satisfaction of all the investigated variables. In another study, Sle Zackova, Humpolicek, and Malatincova (2014) found significant correlations between dispositional hope and subjective health.

## **4.5 Hope, Spirituality and Meaningfulness**

Many researchers consider hope to be closely connected with spirituality and meaningfulness (Dufault & Martocchio, 1985; Miller-Perrin & Krumrei Mancuso, 2015; Scioli et al., 2011). According to Vaillant (2003), positive emotions such as hope, love, compassion and forgiveness foster an individual's sense of connection with a transcendent power - whether it is viewed as a single deity or anything which is more powerful than one's self. Together they form the core of spirituality (Vaillant, 2008).

Bennett (2011) considers hope in the context of religion. He sees religion as a function of the social and biological necessity of hope, claiming that it is a special preserve of religious institutions to offer hope in the face of the profound questions of human existence. In his conceptual study, the author analyses how religions manufacture hope in three ways: through the production of meaning; through their models of divine justice; and through theories of ultimate destiny. He discusses the above in the context of Christianity, Buddhism, Hinduism, and Islam.

However, the results of a longitudinal study by Marques, Lopez, and Mitchell (2013) focusing on hope, spirituality, religious practice and life satisfaction among Portuguese adolescents indicated that hope and spirituality, but not religious practice, were strongly linked to adolescents' life satisfaction. Hope significantly predicted life satisfaction at the first time point measured, after six months and after one year.

The positive relation between hope and feelings of meaningfulness was confirmed by numerous authors. A significant correlation between the two was found in a study by Halama and Dedova (2007) investigating the correlates and predictors of positive mental health in adolescents. Halama (2003) also demonstrated a positive causal influence of meaningfulness and hope on positive psychological functioning in adults aged over 50 years. A positive relationship between hope and feelings of meaningfulness was also revealed by Feldman and Snyder (2005).

Mascaro and Rosen (2005) explored the role of existential meaning in the enhancement of hope and the prevention of depressive symptoms in young adults. The authors drew a distinction between an explicit meaning (an individual's sense of coherence and purpose in life) and an implicit meaning (an individual's perception of the factors that are normatively considered as comprising a meaningful life). In the study, both types of meaning bore a positive relation to trait hope and state hope, and a negative relation to depressive symptoms. In other words, the individuals with a strong sense and perception of meaning tended to be more hopeful (i.e. to demonstrate higher scores in dispositional and state hope tests), and to show fewer symptoms of depression than those with a weak sense and perception of meaning.

In a study conducted by Varahrami, Arnau, Rosen, and Mascaro (2010) on 301 undergraduates (average age 19.07), hope levels were positively correlated with positive-outcome stages of Erikson's model of psychosocial development, and with a sense that life is meaningful.

Bronk, Hill, Lapsley, Talib, and Finch (2009) studied the relationships between hope, life purpose and life satisfaction in adolescents, emerging adults and adults. The results showed that having identified a purpose in life was associated with greater life satisfaction among all the three age groups. While agency mediated the relationship between purpose and life satisfaction at all three stages of life, pathways and overall hopefulness affected life satisfaction and meaningfulness only in adults.

A Czech study conducted within the *Hope Barometer* project investigated the relationships between hope, optimism and meaningfulness, and the relations of these concepts to cognitive (life satisfaction) and emotional (positive mood) aspects of well-being (Slezackova, 2014). The research sample comprised 1,409 Czech respondents aged 15 to 75 years. Hope, optimism and meaningfulness were all found to be highly significantly correlated with both cognitive and emotional aspects of well-being. A regression analysis revealed significant relationships among hope, meaningfulness and optimism. The main independent predictor of life satisfaction was meaningfulness, while positive mood was best predicted by optimism. Dispositional hope

served as a stronger predictor of life satisfaction than perceived hope, which was more closely related to positive mood. The results of the above study supported the importance of the eudaimonic aspects of well-being.

## Chapter 5. Hope Interventions

The recent surge of research interest in the positive impact of hope has led to increased implementation of hope interventions in counselling, psychotherapy, and psychological programmes for schoolchildren and adolescents. Hope-related literature suggests that hope-enhancing and hope-reminding may be best achieved by integrating cognitive-behavioural, solution-focused, and narrative interventions (Lopez, Floyd, Ulven, & Snyder, 2000).

### 5.1 Hope in Schools

The research studies revealing the close relationship between hope, subjective well-being and academic achievement (Gilman, Dooley, & Florell, 2006; Holder, 2012) in children and adolescents point to the importance of hope for optimal functioning in youth.

One of the first training programmes designed among other things to build optimism, well-being and a hopeful approach to life was the *Penn Resilience Program* (PRP; Seligman, Randal, Gillham, Reivich, & Linkins, 2009). Its main goal was to increase individuals' ability to handle day-to-day problems that are common in adolescence. Seligman (2011) reported that PRP significantly reduced hopelessness and increased both optimism and subjective well-being.

Lopez and colleagues (2009) described how strategies for enhancing hope in children can be implemented in public schools. Several programmes have been developed for students of different ages. Edwards and Lopez (2000, as cited in Lopez et al., 2004) developed an elementary school intervention entitled *Making Hope Happen for Kids* for fourth-grade children. The five-session programme involved age-appropriate lessons and activities that helped children apply hope constructs in their lives. Pedrotti, Lopez, and Krieschok (2000, as cited in Lopez et al., 2004) developed a junior high school *Making Hope Happen* programme for seventh-graders. The programme was designed to enhance hope in youth by teaching them about the hope model

through pictorial representations, exercises and narratives depicting characters with high levels of hope. One of the tools used in the sessions was G-POWER, an acronym whose constituent letters reminded the students of the various components of the hope model (Goal, Pathways, Obstacles, Willpower, Election of pathways, Re-thinking the process). The components of the hope model were also reinforced through other media developed specifically for the programme, such as Hope Game, Hope Talk and Hope Buddies (Lopez et al., 2004, p. 395). The participants in the elementary school programme displayed a significant increase in hope levels from the pre- to the post-test. Similarly, the students who had received the junior high school programme showed significantly higher levels of hope in comparison with those who had not participated. Moreover, the higher hope levels were maintained for a period of 6 months, evidencing the effectiveness of the intervention (Magyar-Moe, Owens, & Conoley, 2015).

Marques, Lopez, and Pais-Riberio (2011) demonstrated the effectiveness of a hope-based intervention programme for middle-school children. The five-week programme aimed at helping students conceptualise clear goals, generate alternative ways for goal attainment, remain motivated and committed to goal attainment, and reframe obstacles as challenges. The students who received the hope intervention had enhanced hope, life satisfaction and self-worth in comparison with a control group, and the benefits of the intervention were maintained for 18 months.

Feldman and Dreher (2012) reported an increase in hope, life purpose, and vocational calling in college students after a single 90-minute session aimed to increase hopeful thinking.

In addition to the above, numerous other programmes for schoolchildren have been developed. These focus predominantly on the development of character strengths and on enhancing well-being and resilience but often also include hope-elevating interventions (Cefai et al., 2015; Rey, Valero, Paniello, & Monge, 2012).

## 5.2 Hope in Therapy and Counselling

Hope enhancement strategies building on Snyder's cognitive hope theory are designed to help clients in conceptualising clear goals, producing various pathways to goal attainment, stimulating the mental energy to maintain motivation and the goal pursuit, and reframing obstacles as challenges that can be overcome (Snyder, 2000a, 2000b). Snyder (1994) provides numerous recommendations for eliciting and maintaining hope that clinicians can use in their work with clients.

Snyder (2000a) lists a range of psychotherapeutical areas that can benefit from hope-enhancing interventions. Hope theory can help people suffering from depression and anxiety (Cheavens, 2000), eating disorders (Irving & Cannon, 2000) traumatic experience (Simpson, 2000), serious illnesses such as cancer (Taylor, 2000), AIDS (Moon & Snyder, 2000) and physical disability (Elliot & Kurylo, 2000).

Larsen and Stege (2010a, 2010b) focused on hope-based psychological interventions aimed at enhancing the patient's level of hope. They distinguish between implicit and explicit interventions, which can either be used separately or in combination.

Implicit hope-promoting interventions (Larsen & Stege, 2010a) are those where the word "hope" is not explicitly mentioned during the therapy; rather, the therapist concentrates either on establishing a hopeful therapeutic relationship with the patient (relation-focused strategies), or on helping the patient to adopt a hopeful mindset (perspective-change strategies). A therapist who is relationship-focused will patiently accompany the client in the hopelessness and psychological pain with empathic and compassionate listening. The clients will also be asked to remember when they had successfully used their own strengths. By highlighting the client's own resources, the therapist will guide him or her to apply these to the situation at hand. By contrast, perspective-change interventions aim to expand or shift the client's point of view. This can be done through reframing (a conscious shift in a person's perspective), use of metaphors providing associative links to alternative meanings and perspectives, externalisation (the client's problem is projected onto the outside world and thus "located"



outside of the client's mind) and humour, which provides a stress release and has the potential to normalise the problem and facilitate the client's reception of the therapist's message.

Explicit hope-based interventions, on the other hand, are based largely on a psychoeducational approach teaching clients about various views on the concept of hope and its multidimensionality. These tend to be more theoretical in nature and seek to reframe potential threats to hope. The explicit interventions include goal-setting techniques based on Snyder's cognitive hope theory, support of goal-oriented actions (e.g. taking up a sport or hobby or joining a community group) and enhancing awareness of the temporal dimensions of hope (i.e. that hope can be drawn from the past, present and future alike). In addition to this there are various strategies which can be employed that help the clients to get in touch with their feelings and reflect on how they feel physically and emotionally in relation to the problem. Moreover, the clients are encouraged to build and maintain close relationships to enhance their hope.

Hope in a clinical context was also studied by Herth (1993) who, in her work, explored the meaning of hope and focused on strategies that are employed to foster hope in family caregivers of terminally ill family members. The author identified six domains of hope-fostering strategies and three domains of hope-hindering strategies.

The hope-fostering domains are: (1) sustaining warm, encouraging and caring relationships that serve as a source of social support; (2) use of cognitive reframing, i.e. conscious reworking of negative perceptions into more positive ones such as humour, positive imaginations, and self-talk; (3) engagement in spiritual beliefs and practices, including prayers, meditation, reading holy texts and listening to inspirational music; (4) having feasible expectations; the category refers not only to the need to set attainable goals, but also to the ability to reset them as need be (5) shift of focus from future expectations to daily activities; and (6) energy-replenishing activities such as listening to music and engaging in hobbies.

The three hope-hindering domains comprised (1) social isolation namely the emotional, physical or spiritual sense of separation from

significant others or higher power; (2) multiple and concurrent losses that may lead to feelings of hopelessness and psychological overload; and (3) poor control over the pain and distress of the terminally ill family member.

For the purposes of clinical psychological practice, Weingarten (2010a) developed a concept of *reasonable hope*. Reasonable hope is viewed as directing one's attention to what is within reach rather than what may be desired but is unattainable. Thus, reasonable hope is a more robust concept than hope in general, softening the polarity between hope and hopelessness and allowing more people to perceive themselves as hopeful. The author also stresses that the way in which clinicians themselves think about hope has a decisive impact on whether they can increase hope in their clients. Therapists who are vulnerable to feeling hopeless are unlikely to be effective with clients. Below are five main characteristics of the concept of reasonable hope:

- it is relational, flourishing in relationships;
- it is a practice, a “journey”; it is oriented to the here and now;
- it maintains the future open, uncertain and influenceable;
- it seeks realistic goals and pathways leading to them, accepting the possibility that the goals once set will have to be abandoned or changed in favour of the more modest ones, and that alternative pathways will need to be chosen;
- it accommodates doubts, despair, and contradictions – these are not antithetical to reasonable hope.

Weingarten's new conceptualisation of hope aims to reflect how hope is practised and perceived by family therapists (Weingarten, 2010a, 2010b). She believes that by subscribing to the concept of reasonable hope, therapists will enhance their ability to offer hope-directed counselling. In her work, she also suggests various supports for the therapists who practise hope.

Worthington et al. (1997) developed a hope-focused marriage counselling programme to enhance couple's relationships. The programme focuses on defining a mutual goal and enhancing the relationship via communication, growth, and a mutual level of

commitment to the given goal. The programme has been reported to increase partner satisfaction and quality of couple skills. The results of a follow-up study indicated that the hope-focused interventions were especially effective in increasing the ratio of positive to negative communications between couples (Ripley & Worthington, 2002).

A shared and maintained hope is an important factor contributing to healthy and flourishing families (Slezackova & Sobotkova, 2017). Conoley and Conoley (2009) presented a summary of what they perceived as the essential components of Positive Family Therapy (PFT). The therapy is designed to clarify the family's goals and values and build upon their strengths. The focus is on what each member of the family wants to happen rather than what they dislike. Approach goals increase positive emotions as well as relationship satisfaction and closeness (Gable & Impett, 2012). Among the PFT techniques listed is, for instance, communicating good news to other family members, focusing on a past goal's attainment and expressing gratitude.

Specific strategies for enhancing hope in different contexts have been described by Snyder, McDermott, Cook, and Rapoff (1997), McDermott and Snyder (1999), McDermott and Snyder (2000), and Lopez (2013).

The effectiveness of hope-enhancement strategies was studied by Weis and Speridakos (2011), who conducted a meta-analysis of 27 studies involving a total of 2,154 participants. The results showed significant, albeit small, effect sizes for hopefulness and life satisfaction, with no overall relationship being established between hope enhancement strategies and decreased psychological distress. Stronger effects were found for brief interventions that were administered in the context of university research studies, as opposed to the interventions administered by mental health professionals in medical environments. Moreover, the studies that relied on participants from schools, colleges, or the community yielded a marginally larger effect than studies that recruited medical or psychiatric patients and at-risk individuals. Surprisingly, the hope interventions lasting only one session were more effective than those interventions involving multiple sessions. The authors explain the seemingly counterintuitive result as a side effect of

setting differences, stating that the interventions that lasted only one session were conducted in research settings while those administered over multiple sessions tended to take place in clinics, hospitals, and other human-services settings.

The findings by Weis and Speridakos (2011) challenge the meaningfulness of utilising hope therapy rather than traditional psychotherapeutic interventions as a first-line treatment for individuals suffering from mental or physical health issues. The authors suggest using hope theory instead, treating it as a model based on which evidence-based treatments can be selected.

### **5.3 The Therapist's Hope**

A hopeful therapeutic relationship plays an important role in helping the client to conceptualise clear goals, generate goal attainment pathways, maintain their goal pursuit and reframe obstacles as challenges (Lopez et al., 2000b). As has already been mentioned, a therapist's hope is crucial in positively affecting hope in the client.

O'Hara and O'Hara (2012) focused on how psychotherapists conceptualise hope and how they work with it in therapy. They divided their findings into five core categories: (1) nature and sources of hope; (2) hope stance and orientation in therapy; (3) blockages to and difficulties in maintaining hope; (4) dialectic nature of hope and despair; and (5) hope-focused strategies. Each of the core categories contains several sub-categories (O'Hara, 2013, pp. 95-103).

In this study, particularly regarding the nature of hope, O'Hara (2013) arrived at an overarching definition of hope which incorporated most of the ideas expressed, namely that hope is an expectation, feeling or promise of a positive future change. Hope was seen as comprising both cognitive and affective dimensions and being drawn from either an internal or external source. Internalising the source of hope refers to the practice of finding hope in oneself. In addition, three broad categories of external hope sources were identified: interpersonal relationships and support; wider societal relationships and cultural wisdom; and spirituality.

The core category of hope stance and orientation in therapy comprised both the general stance that the therapists had towards hope (i.e. what they did or what they did not have hope in), and the orientation towards hope in the context of therapy. Several different stances of hope were identified, including hope in human potential, impermanence (i.e. the possibility of change), intentionality (i.e. that one's goal or desire is attainable), and transcendence (i.e. the possibility of human existence beyond the temporal world). Within the context of therapy, the therapists had a hope in the client's capacity to change as well as a hope *for* the client to do well. Therapists also had hope in the counselling process which reflects their expectancy on power and benefits of the whole therapeutic enterprise which values both the therapist's skills and the client's resources. They also hold hope in life based on a belief in the generativity of life which is full of new possibilities and potentials.

The blockages to hope seemed to be of two types: internal and external. Internal restrictions included mental illnesses, traumatic experiences (particularly long-term abuse in childhood), grief (in particular complicated or pathological grief), and unconfronted aspects of the self (i.e. those that the client does not know about or refuses to acknowledge, for instance irrational beliefs). An overarching external blockage was a lack of control over external forces and factors (for example, poverty, racism and lack of access to education). The therapists' difficulties in maintaining hope were related to (1) the client not being engaged in the process of therapy and not being ready or committed to change; (2) a poorly developed therapeutic alliance; (3) hopelessness as a result of transference (projecting negative expectations onto another); and (4) poor client agency (i.e. limited ability to take action to improve one's situation, low self-efficacy).

The dialectic nature of hope and despair category refers to the belief of several of the participants that despair provides an opportunity for growth and that hope and despair are often concurrent experiences.

In addition to the above, the therapists identified a range of hope-focused strategies that they reported to be using in their practice of therapy. O'Hara (2013) categorised these into three: (1) relationship-

focused strategies, which highlight the centrality of the therapeutic alliance in establishing hope; (2) task-focused strategies encouraging the creation of a hopeful outlook; and (3) transpersonal- and transcendence-focused strategies, which are based in spiritual and reflexive practices (e.g. mindfulness techniques) which aim to establish an awareness of transcendence beyond everyday circumstances.

O'Hara (2013) emphasises that the influence of the therapist's hope in therapy should not be marginalised because it is one of the key factors responsible for encouraging client's hope and therapeutical change, thus significantly shaping the outcome of the therapy.

## Chapter 6. Hope and Trauma

Frankl (2014) viewed hope as a positive-oriented “internal stance”; as an ability to “say ‘yes’ to life” under any circumstances. The question of why some people are able to find and sustain hope in difficult circumstances, while others are not, was also addressed by Groopman (2005). In his book *Anatomy of Hope* Groopman explains how to distinguish “true hope” from “false hope” and what we can learn from those who are able to maintain hope when facing difficult life circumstances, such as a life-threatening illness. Other authors, e.g. Sciolli and Biller (2009), focused on how hope can help recovery from trauma or illness.

The importance of hope in working with survivors of trauma was studied by Sympson (2000). The author used Snyder’s hope theory as a framework to explain how an individual’s response to a traumatic event can lead to the development of a posttraumatic stress disorder (PTSD) and, more importantly, how meaningful personal goals along with a belief in one’s ability to achieve those goals can aid effective coping with trauma.

Numerous authors studied hope in the context of war trauma. Irving, Telfer and Blake (1997, as cited in Snyder, 2000a) investigated dispositional hope in Vietnam veterans, who exhibited markedly lower hope than the control sample. Higher hope levels were found in individuals with greater perceived social support from family and friends; these individuals also tended to use adaptive coping strategies. The above findings led Snyder (2000a) to conclude that although his model utilises the concept of dispositional hope, hope levels can, to a certain extent, be influenced by life situations. It can further be assumed that if hope can be affected by adverse life situations, it should also be amenable to coping strategies that would allow to restore it to its former state.

The hypothesis that hope is restorable was confirmed by Gilman, Schumm, and Chard (2012). They performed a study on war veterans with PTSD who participated in a six-week cognitive therapy programme. After the therapy, the effects of the intervention were

measured. Higher hope levels in mid-treatment were shown to result in fewer posttraumatic stress and depression symptoms.

The buffering effect of hope, kindness, social intelligence, self-regulation, and perspective against the negative effects of stress and trauma was also revealed by Park and Peterson (2006c, 2009a).

A more recent approach connects successful trauma coping with posttraumatic growth (Joseph, 2011). The posttraumatic growth phenomenon is an excellent example of a deep interconnection between positive experiences and highly challenging and painful life circumstances. Posttraumatic growth is also significantly affected by positive emotions (hope, love and gratitude), character strengths (optimism, resilience) and social support.

## 6.1 Trauma and Posttraumatic Growth

A traumatic event is a severely distressing incident that causes physical, emotional and/or psychological harm and impairs important areas of an individual's life. Traumatic events tend to occur unexpectedly and unpredictably and they are usually viewed as completely beyond one's power and control (Calhoun & Tedeschi, 1999).

Trauma can result either from an event involving an immediate threat to one's own life or the life of close persons. These events can be a serious illness, a car accident, natural disaster, terrorist attack, or a prolonged stressful event that generates a feeling of helplessness (kidnapping, captivity, torture). This threat to life, both for oneself or for loved ones, can cause psychic trauma and eventually lead to the development of a PTSD. The primary symptoms include *hyperarousal*, characterized by increased irritability, exaggeration of startle responses, sleep problems and *intrusions*, which take the form of flashbacks and nightmares as memories of the past event invade the individual's present life. *Flashbacks* are vivid memories of the past that can be triggered by sights, smells or sounds. They cause the person suffering from PTSD to relive the traumatic event over and over again. These flashbacks are generally accompanied by anxiety. There may also be signs of *social*



*withdrawal* resulting from an event generating feelings of helplessness when either “fight” or “flight” were not possible (Simpson, 2000).

Responses to traumatic events are highly individual. The extent and intensity of the impact of a traumatic event depends not only on a range of psychological factors, such as an individual’s personal characteristics, frustration tolerance and value system, but also on biological factors (age, current developmental stage). An important role is played by the person’s current physical and mental health, their previous experience with managing stressful events and crises, and by subjective evaluation of their abilities to cope with the situation. It also matters whether the situation at hand is perceived as moderately or extremely dangerous (Slezackova, 2009).

While reams of literature have documented the detrimental effects of stress and trauma, the notion that traumatic experience can actually be reframed and that it is possible for people to turn the experience into something positive is relatively novel to the sphere of academic research. It is based on the adversity hypothesis, according to which people need negative experiences and setbacks in order to develop. Posttraumatic development (or posttraumatic growth, PTG) is understood as resulting from an individual’s ability to utilise a traumatic or challenging life situation to achieve a positive psychological change, be it related to thinking, experiencing, doing, social relationships or spirituality (Calhoun & Tedeschi, 2006). The concept of posttraumatic growth does not deny the negative effects of traumatic events, nor does it aim to diminish empathy for the suffering of trauma survivors; rather, it offers a broader perspective on an individual’s psychology (Joseph, 2011; Linley & Joseph, 2004).

The fact that adversity and life-shattering experiences can induce positive psychological change was pointed out by Frankl (1992), the founder of logotherapy. In Frankl’s view, every trauma or crisis has a “transformational potential” that can lead to deeper understanding of one’s true life values. Frankl (1992) stresses the importance of a person’s attitude towards their suffering. According to him, the primary motivational force in humans is “striving to find a meaning in one’s life”. In the absence of meaning, people strive to either restore the

original one or fill the void with a new meaning that would protect them from a meaningless existence. If a person's will to meaning is not satisfied, existential frustration develops that may result in a noogenic neurosis (a term coined by Frankl).

The first research works on the topic of personal growth following adversity were published in 1990s (Joseph, Williams, & Yule, 1993; O'Leary & Ickovics, 1995; Park, Cohen, & Munch, 1996; Schaefer & Moose, 1992). The notion that people can experience positive change following traumatic events was discussed under a number of different terms. In their overview of terminology, Tedeschi and Calhoun (2004), who coined the currently used term "posttraumatic growth", include their earlier term *perceived benefits* (Calhoun & Tedeschi, 1991), observing that Taylor and Brown (1988) used the term *positive illusion*; Yalom and Lieberman (1991) discussed *positive psychological changes*, Ryff and Singer (1998) considered the term *flourishing*, and O'Leary and Ickovics (1995) used the term *thriving*. Linley and Joseph (2004) addressed the psychological development incited by experienced adversity using the term *adversial growth*, and Park, Cohen, and Murch (1996) employed the term *stress-related growth*. The works stressing the importance of coping strategies often use terms such as *positive reinterpretation* (Scheier, Weintraub, & Carver, 1986), *drawing strength from adversity* (McCrae, 1984) and *transformational coping* (Pargament, 1997).

According to Tedeschi and Calhoun (1995), posttraumatic growth is associated with significant positive changes in an individual's cognitive and emotional setup that can also be reflected in one's behaviour. Thus, the ability to successfully handle a traumatic event may contribute to personality development and allow the person to surpass the limits of their previous psychological functioning and level of adaptation (Tedeschi, Park, & Calhoun, 1998).

Based on qualitative data analyses, Tedeschi and Calhoun (1995) distinguish three broad categories of posttraumatic growth, namely changes in self-perception, relationships and spirituality. The three components are closely interconnected and permeate each other in certain respects.

In a later study, based on a factor analysis, they developed the *Posttraumatic Growth Inventory* to allow for quantification of the experience of posttraumatic development. The Inventory measures five domains of posttraumatic growth (Calhoun & Tedeschi, 1996):

- changes in self-perception, a greater sense of personal strength;
- discovery of new possibilities or paths in one's life;
- changes in relating to others; i.e. finding out who your "true friends" are and forming warmer, more intimate relationships;
- greater appreciation of life and changes in one's value system;
- spiritual development, i.e. finding a new meaning in life, increased religiousness.

Park et al. (1996) list five significant predictors of stress-related growth: intrinsic religiousness; social support satisfaction; perceived stressfulness of the negative event; positive reinterpretation and acceptance coping strategies; and the number of recently experienced positive life events.

Sears et al. (2003) suggested adding a sixth predictor to the above, namely an increase in the number of health-protective behaviours, which is typical of those who have experienced a traumatic event which has posed a direct threat to their health or lives. Trauma-related changes in one's attitude towards health were also revealed by Lee, Gau, Hsu, and Chang (2009) and Slezackova et al. (2009).

Research indicates that the level of posttraumatic growth achieved is related to the amount of stress imposed by the traumatic event (Tedeschi & Calhoun, 2006). The more the original life structures are affected, the more reconstructive work is required but the greater the potential for PTG.

Posttraumatic growth generally tends to be related to later stages of coping with a suffered trauma although, as with all the other aspects of PTG, this is highly individual. In the period immediately following the traumatic event, negative effects will naturally take predominance over positive ones. However, at a later stage, with the benefit of hindsight, possible benefits may be identified (Tedeschi & Calhoun, 2006; Tennen & Affleck, 2002). In fact, most studies measured PTG months or even

years after the traumatic event occurred, when enough time had passed for the trauma survivors to gradually accept what had happened to them (Park & Lechner, 2006).

Some works take an integrative, humanistic view of personality growth following adversity. Joseph and Linley (2008b) point out that PTG cannot be fully understood without taking into consideration the distress that preceded it. The authors state that any study of the process of recovery from posttraumatic stress should be accompanied by investigating the possibility of personality development. They view posttraumatic changes as comprising two independent dimensions, rather than “two sides of a single coin”. Thus, the impact of a traumatic event should be seen as a combination of both negative and positive posttraumatic changes. Tedeschi and Calhoun (2006) accept the coexistence of posttraumatic growth with trauma-induced residual distress.

## 6.2 Hope and Posttraumatic Growth

The significant connection between dispositional hope and successful coping with problems was noted by Snyder (2000a). Moreover, dispositional optimism - a concept related to dispositional hope - is considered one of the most prominent predictors of *benefit-finding* following a traumatic event (Tedeschi & Calhoun, 1995; Tennen & Affleck, 1999). Dispositional optimists were found to more frequently engage in *cognitive reappraisal* of past events (i.e. thinking along the lines of “every cloud has a silver lining”), which helped them to cope with the consequences of negative experiences (Nolen-Hoeksema & Davis, 2002). The more cognitive reevaluation strategies are used, the more likely the individual is able to see the positive side of bad situations. This was also indicated in one of our studies on stress-related growth after a relationship breakup (Ondraskova & Sle Zackova, 2012) which found that those employing an optimistic explanatory style showed higher stress-related growth after the break-up than those who did not engage in the mentioned cognitive style. The findings listed above support Frankl’s assertion that it is one’s attitude to given

circumstances that has a decisive impact on one's ability to cope with adversity (Frankl, 1994). We must also mention the importance of social support as a moderating factor with respect to traumatic events (McDonough, Sabiston & Wrosch, 2014; Prati & Pietrantonio, 2009).

Below is a summary of the findings of a few studies that have dealt with the role of hope in posttraumatic growth (PTG).

Ho et al. (2011) studied the relation of hope, optimism and coping strategies to posttraumatic growth in patients who had been treated for oral cavity cancer. Hope and optimism were established as significant correlates of posttraumatic growth, with a stronger relation between PTG and hope than between optimism and PTG. The two variables combined accounted for 25 % of variance in posttraumatic growth.

Hullmann, Fedele, Molzon, Mayes, and Mullins (2014) focused on posttraumatic growth and hope in parents of children with cancer. A correlation analysis showed that higher levels of hope were associated with greater overall posttraumatic growth as well as with higher scores in the following PTG domains: relating to others; new possibilities; personal strength; and appreciation of life. Based on their findings, the authors suggest that maintaining hope during the pediatric cancer experience may facilitate posttraumatic growth in parents.

Lloyd and Hastings (2009) explored hope and its connection to parental well-being in parents of school-aged children with intellectual disabilities. Lower levels of hope (agency and pathways) and a greater number of child behaviour problems predicted maternal depression, while higher levels of agency and less problematic child behaviour predicted positive affect in mothers. For fathers, low agency predicted depression and anxiety while positive affect was predicted by high agency.

The findings of a study by Truitt, Biesecker, Capone, Bailey, and Erby (2012), who explored the role of hope in adapting to uncertainty on a sample of 546 caregivers of children with a Down syndrome, suggested that maintaining hope in the face of uncertainty is important in the adaptation to stressors. However, the results also showed that the caregivers' motivation to reach goals for their children exceeded their pathways thinking capacity with respect to these goals.

Barnum, Snyder, Rapoff, Mani, and Thompson (1998) investigated the role of hope and social support in psychological adjustment of adolescents who survived burn injuries. The results suggested that higher hope contributed unique variance to the prediction of less externalizing behaviours (disruptive behaviour disorders) and increased overall self-worth.

Gum and Snyder (2002) explored the role of hopeful thinking in coping with a terminal illness, describing the strategies that can be used to maintain and even increase hope during the dying process.

The above findings illustrate the important role of hope in the lives of people who have either experienced a traumatic event themselves or are close relatives of trauma survivors. Hope helps them to cope with the obstacles and difficulties of life and to focus on the positive side of life.

## **Chapter 7.**

### **A Study on Hope and Posttraumatic Changes**

#### **7.1 Background**

The present chapter describes a study carried out in the Czech Republic as part of an international research survey entitled *Hope Barometer*. The survey was launched in Switzerland at the University of St. Gallen in collaboration with the Swiss Society for Future Studies in 2009 (Krafft & Walker, in press; Walker & Krafft, 2014). The idea of the project started in 2008, with the aim of providing an alternative to two Swiss annual surveys, the “*Worry*” and “*Fear*” *Barometers*, which asked the Swiss population about their main worries (e.g. personal security, unemployment, healthcare) and about how much confidence they had in political, business, and society decision-makers. Krafft and Walker decided to focus on the positive phenomena of hope and the individual’s functioning in society. In collaboration with the large Swiss newspapers, Swissfuture started an annual national survey on hope and other positive attributes. The collected data does not only serve research purposes, but is also used by researchers and the media to spread hope and positivity throughout today’s society (Krafft & Walker, in press).

In 2012, the survey included Germany, and the Czech Republic and France joined in 2013. Currently there are several other countries involved in the survey, including Malta, Spain, Poland, and India (Krafft et al., 2016).

The Czech version of the *Hope Barometer* survey gave rise to numerous studies the results of which were presented at international conferences and scientific symposia. Some of the data were also included in master’s theses supervised by the author of this text. The following sections present the results of one of the studies conducted under the *Czech Hope Barometer* Survey.

## **7.2 Objectives**

The aim of our study was threefold. First, it was to explore the content of the participants' hopes and personal wishes, and to find out what they do to achieve fulfillment of their wishes and who they expect to provide them with hope.

Secondly, we addressed the question of whether there were significant relationships between perceived hope, dispositional hope, meaningfulness, positive relationships, life satisfaction, and positive and negative changes in the participants' outlook on life following a traumatic experience. Based on previous research we expected higher levels of hope to be significantly associated with lower levels of negative posttraumatic changes and higher levels of meaningfulness and life satisfaction. We also expected hope to be positively correlated with positive relationships and positive posttraumatic changes. We further aimed to distinguish between two concepts of hope - perceived hope and dispositional hope - and to explore the different roles they might play with respect to posttraumatic changes.

Thirdly, we sought to investigate the impact of demographic variables (age, gender, marital status, level of education, engagement in voluntary activities) on perceived and dispositional hope scores.

## **7.3 Method**

### **7.3.1 Sample**

The research sample comprised a total of 1,409 Czech respondents, 1,122 (79.6 %) female and 287 (20.4 %) male, aged between 15 and 79 years. The respondents were divided into several age groups: below 17 (0.8 %); 18 to 29 years (35.1 %); 30 to 39 years (22.6 %); 40 to 49 years (16 %); 50 to 59 years (12.8 %); 60 to 69 years (11 %); and over 70 (1.7 %).



Most participants were married (40.6 %) or living with a partner (24.2 %); the rest were either divorced (7 %), single (11.2 %), still living with their parents (13.1 %), or widowed (2.9 %).

With respect to the education level, most respondents had a university degree (41.4 %) or had completed standard secondary education (38.5 %). The rest had received specialised secondary education (11.7 %), some form of post-secondary education (6.3 %), or only elementary education (2.1 %).

In terms of engagement in voluntary activities, 63.9 % of the respondents answered in the negative, 33.7 % indicated they were actively involved in voluntary work (for 2.3 % of these, voluntary work was a main activity).

### 7.3.2 Measures

The study employed a set of questions related to hope and personal wishes developed by Krafft (2013, 2014) and a set of validated measures. Demographic data were also obtained.

With respect to hope, the respondents were asked to indicate:

- 1) What their personal wishes were and how they rated their subjective importance (0 = not important, 1 = moderately important, 2 = very important);
- 2) What steps they were taking towards fulfilling their hopes and how often (0 = not at all, 1 = sometimes, 2 = very often); and
- 3) Who they expected to boost their hope and to what extent (0 = not at all, 1 = partly, 2 = definitely).

We also used the following questionnaires:

*The Perceived Hope Scale* (Krafft et al., 2017) consists of 6 items. It covers aspects such as hope level, fulfillment of hope, effect of hope, hope/anxiety duality, and the special situations in which hope arises. The Cronbach's alpha coefficient for the scale in the present study was .88. Examples: "Even in difficult times I am able to remain hopeful" and "In my life hope outweighs anxiety".

*The Adult Dispositional Hope Scale* (ADHS; Snyder et al., 1991) consists of 8 items measuring two components of hope: agency and pathways. The scale generates three scores: one for pathways, one for agency, and an overall hope score that is created by summing up the agency and pathway items. The higher the total score, the higher the overall degree of the respondent's hope. Higher scores for agency and pathways indicate higher levels of goal-directed energy and higher propensity to plan ways to accomplish one's goals, respectively. In the present study, the Cronbach's alpha coefficient exhibits high reliability for the whole scale (.91) as well as for the pathways sub-scale (.87) and agency sub-scale (.84). Example (pathways): "I can think of many ways to get out of a jam"; (agency): "I energetically pursue my goals".

*Changes in Outlook Questionnaire – Short Form* (Joseph, Linley, Shevlin, Goodfellow, & Butler, 2006) is a 10-item self-report instrument used to measure positive and negative changes following the experience of severely stressful events. The original 26-item *Changes in Outlook Questionnaire* contained 15 items measuring negative posttraumatic changes and 11 items measuring positive posttraumatic changes (Joseph, Williams, & Yule, 1993). The abbreviated 10-item form retains the two-factor structure of the original. The 10 items were selected on the basis of their high factor loadings in earlier studies. The first section, *Changes in Outlook Negative* contains five items measuring the negative changes following a traumatic experience, e.g. "My life has no meaning anymore" and "I don't look forward to the future anymore". The second section, *Changes in Outlook Positive*, contains five items focusing on positive posttraumatic changes, e.g. "I don't take life for granted anymore" and "I am now more determined to do something out of my life". The questionnaire has been proven to have good reliability; Cronbach's alpha was .80 for negative posttraumatic changes and .72 for positive changes, which is comparable with the data presented by the authors of the method (Joseph et al., 2006).

*The Sources of Meaning and Meaningfulness Scale – SoMe* (Schnell, 2009) is a multidimensional questionnaire focusing on individual differences in the sources of meaning. The questionnaire contains a total of 151 items, thus enabling a highly differentiated evaluation of 26

different sources of meaning in life. In our research we only used the Meaningfulness subscale that measures the degree of subjectively experienced meaningfulness in life. It contains items such as “I think that there is meaning in what I do” and “I feel part of a bigger whole”. The author of the questionnaire reports high internal consistencies ranging from .83 to 0.93 for dimensions, and from .65 to .95 for scales, which is in line with our own findings.

*Positive Relations with Others Scale* (Ryff, 1989) is a part of a 54-item *Psychological Well-Being Scale* by Ryff (1989). The items measuring positive relations with others are formulated both positively (“Most people see me as a loving and affectionate person”) and negatively (“I often feel lonely because I have few close friends with whom to share my concerns”). The total score is a sum of all the items (the values of negatively formulated items are recoded). Low scores indicate few close relationships, problems with expressing warmth in relationships, and social frustration and isolation. By contrast, high scores suggest that the individual engages in warm and emotionally satisfying relationships with others, is concerned about the welfare of others and is capable of strong empathy (Ryff & Keyes, 1995). In our study the method displayed satisfactory reliability (Cronbach alfa = .82).

*The Trait Well-Being Inventory* (Dalbert, 1992) is a 13-item scale measuring subjective well-being. It contains six items focusing on mood (Mood Level) and seven items measuring general life satisfaction. For the purposes of the present study only the *General Life Satisfaction Scale* (GLSS) was used (Dalbert, Montada, Schmitt, & Schneider (1984, as cited by Dalbert, 2010). The *General Life Satisfaction Scale* reflects a person’s cognitive evaluation of life satisfaction using statements such as “When I look back on my life so far, I am satisfied”. The authors report GLSS to be comparable to the *Life Satisfaction Scale* by Diener et al. (1985). The Cronbach’s alpha coefficient for the General Life Satisfaction Scale in the present study was high (.90).

All of the questionnaires listed above used an identical response scale (0 = Strongly Disagree, 5 = Strongly Agree).

### **7.3.3 Procedure**

Research data were obtained through a self-administered questionnaire in November 2013. A convenience sampling technique was employed to approach the potential respondents. The online anonymous questionnaires were distributed through e-mails, social networks, and websites. Moreover, varying types of media (radio, newspapers etc.) were used to invite people to participate in the research. The collected data was processed using IBM SPSS version 24. We used descriptive statistics methods to describe the variables as well as the research sample, and a histogram to estimate the probability distribution of the variables. The relationships between the variables were determined using Pearson's correlation and regression analysis. An independent samples t-test and a variance analysis were employed to determine whether the variables of interest are statistically related to demographic data. In addition, we used a classification tree to establish the impact of demographic variables on perceived and dispositional hope. Throughout both data collection and processing we strictly observed the principles of research ethics.

## **7.4 Results**

### **7.4.1 Hope Objects, Hope Activities and Hope Providers**

The respondents were asked to indicate their most important hopes and personal wishes, along with the steps they take towards fulfilling their hopes. They were also asked about who they expect to boost their hope. The response scale ranged from 0 (not important / never / not at all) to 2 (very important / very often / definitely).

Most respondents' personal wishes involved relationships with other people. The most important ones were related to happy family relationships ( $M = 1.88$ ), good personal health ( $M = 1.83$ ), harmonious life ( $M = 1.77$ ), high-quality relationships with other people ( $M = 1.59$ ), and personal autonomy and self-determination ( $M = 1.50$ ). Other wishes

were less popular, including success at the workplace ( $M = 1.17$ ), more money ( $M = 1.09$ ), and more sex ( $M = 0.87$ ).

We also examined what actions the respondents were taking with respect to their hopes. In most cases, they analysed circumstances ( $M = 1.61$ ), did plenty of reading and gathered information ( $M = 1.48$ ), and took responsibility for their actions ( $M = 1.41$ ). The other frequently listed activities were motivating the family ( $M = 1.23$ ) and saving money ( $M = 1.19$ ). The least frequent activities were related to the following statements: “I engage myself entrepreneurially” ( $M = 0.39$ ), “I go to church” ( $M = 0.39$ ), and “I pray or meditate” ( $M = 0.69$ ).

In answer to the research question related to “hope providers”, most respondents viewed hope as something for which everyone was personally responsible; thus, they saw themselves as their own primary hope providers ( $M = 1.68$ ). The runner-up source of hope was a partner, husband or wife ( $M = 1.44$ ); the third most important source of hope were friends ( $M = 1.43$ ). Another valuable source of hope were people who inspired the respondents in terms of finding solutions in difficult life situations ( $M = 1.42$ ). Some of the participants listed children and grandchildren ( $M = 1.27$ ) as their source of hope. The least popular “hope providers” were politicians and the government ( $M = 0.22$ ), bankers and financial advisors ( $M = 0.22$ ), and businessmen and managers ( $M = 0.34$ ).

### **7.4.2 Correlates and Predictors of Posttraumatic Growth**

Table 2 shows the relationships between all the measured variables. In addition to the hypothesised strong correlations between subscale scores and overall scores for hope, we also found a significant positive relationship between meaningfulness and life satisfaction. Perceived hope exhibited slightly stronger correlations with meaningfulness and life satisfaction than dispositional hope and its components, and was also more closely connected to positive relations and to both positive and negative changes following a traumatic experience.

Two separate regression analyses were performed to determine which of the examined variables were independent predictors of positive

and negative posttraumatic changes. The results are presented in Table 3 and Table 4, respectively.

The results of the first regression analysis (Table 3) indicated that positive posttraumatic changes were strongly predicted by meaningfulness ( $\beta = .233$ ;  $p < 0.001$ ) and moderately by perceived hope ( $\beta = .105$ ;  $p < 0.005$ ). By contrast, little to no predictive effect was exhibited by positive social relationships ( $\beta = .087$ ;  $p < .005$ ) and the agency component of hope ( $\beta = -.085$ ;  $p < 0.05$ ). Equally, the pathways component was not found to be a significant predictor of positive posttraumatic changes. Quite surprisingly, agency showed a negative correlation with positive posttraumatic changes, but this relation was only marginally significant. The linear regression model was statistically significant ( $F = 36.675$ ;  $p < 0.001$ ), but explained only 11.8 % of variance in positive posttraumatic changes. The remaining 88 % of variance in positive posttraumatic changes are not predicted by the explanatory variables and have to be ascribed to other factors.

The objective of the second regression analysis was to reveal the independent predictors of negative posttraumatic changes (Table 4). The strongest predictors of negative posttraumatic changes were perceived hope ( $\beta = -.287$ ;  $p < 0.001$ ) and positive relationships ( $\beta = -.237$ ;  $p < 0.001$ ). Also, significant predictive effects were exhibited by the agency hope component ( $\beta = -.165$ ;  $p < 0.001$ ) and by meaningfulness ( $\beta = -.092$ ;  $p < 0.005$ ). Similar to positive posttraumatic changes, the pathways component was not found to be a significant predictor. A negative correlation was established between perceived hope, positive relationships, and agency on the one hand and negative posttraumatic changes on the other; in other words, the lower the perceived hope (positive relationships/agency) scores, the higher the level of negative posttraumatic changes. The linear regression analysis model was statistically significant ( $F = 210.896$ ,  $p < 0.001$ ), explaining 43 % of variance in negative posttraumatic changes.

**Table 2** *Pearson's correlation coefficients for all the variables of interest (N=1,409)*

		1	2	3	4	5	6	7	8	9
1	Perceived Hope	1								
2	Dispositional Hope	.59	1							
3	Hope Agency	.57	.94	1						
4	Hope Pathways	.54	.94	.77	1					
5	PTG Positive Changes	.28	.20	.19	.19	1				
6	PTG Negative Changes	-.58	-.52	-.51	-.46	-.08	1			
7	Meaningfulness	.64	.58	.59	.50	.32	-.51	1		
8	Positive Relations	.48	.42	.41	.38	.24	-.50	.50	1	
9	Life Satisfaction	.70	.65	.67	.50	.19	-.66	.70	.51	1

*Note: All the correlations are significant at the  $p < 0.01$  level.*

**Table 3** *Linear regression analysis model predicting positive posttraumatic changes*

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
Constant	2.272	.106		21.411	< .001
Perceived Hope	.094	.033	<b>.105</b>	2.868	.004
Hope Agency	-.076	.038	<b>-.085</b>	-1.979	.048
Hope Pathways	.048	.037	.052	1.297	.195
Meaning	.213	.033	<b>.233</b>	6.355	< .001
Positive Relations	.086	.030	<b>.087</b>	2.856	.004

$R = .344$ ,  $R^2 = .118$

**Table 4** Linear regression analysis model predicting negative posttraumatic changes

Model	<i>B</i>	<i>SE</i>	$\beta$	<i>t</i>	<i>p</i>
Constant	4.766	0.107		44.460	< .001
Perceived Hope	-.326	.033	<b>-.287</b>	-9.835	< .001
Hope Agency	-.186	.039	<b>-.165</b>	-4.807	< .001
Hope Pathways	-.045	.037	-.039	-1.200	.230
Meaning	-.106	.034	<b>-.092</b>	-3.124	.002
Positive Relations	-.298	.030	<b>-.237</b>	-9.770	< .001

$R = .660$ ,  $R^2 = .431$

### 7.4.3 Demographic Variables and Hope

In order to answer the research question of whether perceived hope and dispositional hope are affected by demographics, we analysed the impact of the four demographic factors (age, gender, family status, level of education) and engagement in voluntary activities on each of the hope constructs<sup>2</sup>. The analysis revealed statistically significant gender-related differences in perceived hope ( $t = -3.041$ ;  $df = 1373$ ;  $p < 0.05$ ) and dispositional hope ( $t = 2.981$ ;  $df = 1361$ ;  $p < 0.05$ ) levels. While men exhibited greater levels of dispositional hope, women showed more of perceived hope.

Further significant differences in the levels of perceived hope ( $F = 6,671$ ;  $df = 4$ ;  $p < 0.001$ ) and dispositional hope ( $F = 2,399$ ;  $df = 4$ ;  $p < 0.05$ ) were found between the varying age groups. Using the Tukey's HSD test ( $p < 0.05$ ), a significantly lower level of perceived hope was established for the 18-29 age group (except for the 40-49 age

<sup>2</sup> The relationships between demographic variables, hope and posttraumatic growth were studied by Bednarikova (2014), Lesak (2014), and Hladikova (2015), supervised by the author of this text.



group, where the differences were not significant). The dispositional hope data failed tests for homogeneity of variance; thus, we used a Welch's test ( $F_{Welch} = 6.333$ ;  $df = 4$ ;  $p < 0.001$ ). A significantly low mean dispositional hope value was found with respect to the 30-39 age group. The highest levels of both perceived and dispositional hope were shown by the 50-59 age group, but the difference was not found to be statistically significant.

The respondents' marital status was also found to exert a significant impact on both perceived hope ( $F = 6,361$ ;  $df = 7$ ;  $p < 0.001$ ) and dispositional hope ( $F = 2,196$ ;  $df = 7$ ;  $p < 0.05$ ). The lowest perceived hope scores ( $F_{Welch} = 5,400$ ;  $df = 7$ ;  $p < 0.001$ ) were observed in those who were unmarried and still living with their parents. The difference between the above group and those who were married, living with a partner or divorced was found to be statistically significant ( $p < 0.05$ ). The highest perceived hope scores were received by the respondents who were married. A Tukey's HSD test showed that those who were married or living with a partner also exhibited the highest levels of dispositional hope, which significantly differed from the scores received by those living with their parents ( $p < 0.05$ ).

Further statistically significant differences were found in relation to the level of education (perceived hope:  $F = 7,600$ ;  $df = 5$ ;  $p < 0.001$ ; dispositional hope:  $F = 7,026$ ;  $df = 5$ ;  $p < 0.001$ ). The respondents who only had elementary education showed significantly lower levels of perceived hope than those with secondary or university education ( $p < 0.05$ ). The highest perceived hope scores were related to university education, with the difference being statistically significant ( $p < 0.05$ ). A Tukey's HSD test ( $p < 0.05$ ) showed that university education was also connected with higher dispositional hope scores than elementary education and standard secondary education.

The last of the five examined variables, engagement in voluntary activities, was also found to exhibit a significant impact on both perceived hope ( $F = 8,078$ ;  $df = 2$ ;  $p < 0.001$ ) and dispositional hope ( $F = 19,332$ ;  $df = 2$ ;  $p < 0.001$ ). The perceived hope scores were tested by a Welch's test ( $F_{Welch} = 21,604$ ;  $df = 2$ ;  $p < 0.001$ ). The respondents who were not involved in any voluntary activity showed significantly lower

levels of both dispositional and perceived hope. With respect to perceived hope, a Tukey's HSD test revealed a statistically significant difference between the respondents doing volunteering as a secondary activity and those who were not involved at all in volunteering ( $p < 0.05$ ); as regards dispositional hope scores, the respondents uninvolved in volunteering significantly differed from those doing volunteering either as a primary or as a secondary activity (Tukey's HSD test;  $p < 0.05$ ).

Finally, we employed a classification analysis (Exhaustive Tree CHAID,  $p < 0.05$ ) to examine the predictive role of demographic variables with respect to both perceived and dispositional hope.

Perceived hope ( $M = 3.49$ ) as a dependent variable was mostly predicted by marital status. The highest perceived hope scores ( $M = 3.76$ ) were found among the groups of respondents who were either married or living with a partner, and engaged in a voluntary activity. The lowest perceived hope ( $M = 2.87$ ) was identified in those who were still living with their parents and uninvolved in volunteering.

On the other hand, dispositional hope ( $M = 3.32$ ) as a dependent variable was mostly predicted by engagement in a voluntary activity, which can possibly be explained in terms of greater agency. The highest dispositional hope scores ( $M = 3.65$ ) were found among male respondents actively involved in voluntary activities. The lowest dispositional hope scores ( $M = 2.94$ ) were received by those who were single or still living with their parents and not involved in volunteering.

## **7.5 Discussion**

The first aim of the study was to investigate the content of people's personal wishes and hopes, and to find out what they do towards fulfilling those wishes and who they expect to provide them with hope.

The personal wishes of most of the respondents revolved around social relationship, in particular their relationship with significant others. This finding is in line with the results obtained by O'Hara (2013), who focused on how therapists worked with hope during a therapy. In our study, satisfactory relationships were among the most

desirable hopes. Reciprocally, the significant others were found to constitute an important source of hope which correspond, according to Bernardo (2010), to the external-family (external-peers) locus of hope. However, most respondents saw themselves as their own primary hope providers, which points to the importance of internal loci of hope.

With regards to the activities undertaken to fulfill one's hopes, our respondents showed a rational, active and individualistic approach to pursuing their goals, their view of hope being congruent with Snyder's cognitive theory of hope (Snyder, 2000a).

The second aim of our study was to examine the relationships between perceived hope, dispositional hope, meaningfulness, positive relationships, life satisfaction, and positive and negative changes in the participants' outlook on life following a traumatic experience. Our results confirmed the hypothesised significant interrelationships between life satisfaction, meaningfulness, and hope (see Delle Fave et al., 2011, 2013; Demirli et al., 2015; Faso et al., 2013; Feldman & Snyder, 2005; Gallagher & Lopez, 2009; Kato & Snyder, 2005; Snyder, 2000a; Werner, 2012). We found also significant correlations between each of dispositional and perceived hope and positive relations with others (Westburg, 2001; Windsor, 2009), and between hope and posttraumatic changes, which was in line with previous studies on the topic (Calhoun & Tedeschi, 2006; Gilman et al., 2012; Helgeson et al., 2006; Ho et al., 2011; Joseph & Linley, 2005).

Of the two concepts of hope which were being investigated, perceived hope showed a slightly stronger correlation with each of the other variables than dispositional hope. In addition, life satisfaction was found to bear a stronger, albeit negative, relation to negative posttraumatic changes than to positive posttraumatic changes (in the latter case the relationship was positive). The connection between posttraumatic growth (or, inversely, posttraumatic disorder) and subjective well-being was also proven in the studies by Teodorescu et al. (2012) and Karatzias et al. (2013).

In other words, hopeful people, as opposed to the less hopeful ones, appeared to be more satisfied with their lives, maintained higher-quality interpersonal relationships, perceived their lives as more meaningful,

and suffered less from negative posttraumatic changes. Hope not only helped to promote the positive aspects of life, but also served as an important factor in coping with difficult life situations. Of the people who went through a traumatic experience, those who had more hope reported significantly fewer negative psychological outcomes following the adversity.

In fulfillment of the second aim of our study we also distinguished between two concepts of hope - perceived hope and dispositional hope - and explored the different roles they might play with respect to posttraumatic changes.

We conducted two regression analyses to determine the predictive force of perceived and dispositional hope in relation to positive and negative posttraumatic changes. In the first regression model, perceived hope (along with meaningfulness) functioned as a significant predictor of positive posttraumatic changes. A weak predictive force with respect to positive posttraumatic changes was exhibited by the agency component of hope and positive relationships, and the predictive effects of the pathways hope component were entirely insignificant. Despite explaining only 11.8 % of variance in positive posttraumatic changes, the regression model pointed to the importance of life meaningfulness and the emotional and transcendental dimensions of hope (rather than the cognitive one).

In the second regression model, perceived hope and positive relationships were the strongest predictors of negative posttraumatic changes. Our results are in line with a number of earlier studies (Gum & Snyder, 2002; Ho et al., 2011; Hullmann et al., 2014), indicating that hope and quality social relationships might act as protective factors against the negative psychological consequences of traumatic events. The important role of interpersonal relationships in coping with challenging life situations had already been confirmed by previous studies (Cohen & Wills, 1985; Schwarzer & Leppin, 1991; Shepherd & Hodgkinson, 1990), many of which established social support as a significant predictor of posttraumatic growth (Cermak & Kohoutek, 2004; McDonough, Sabiston & Wrosch, 2014; Prati & Pietrantonio, 2009; Tedeschi & Calhoun, 2004b). Lazarus and Folkman (1984) note

the buffering effect of social relations in coping with stressful cognitive appraisals, i.e. the encounters that are appraised as involving harm/loss, threat or challenge to oneself.

If we consider hopeful thinking in the sense of Snyder's cognitive hope theory, the pathways hope component was not found to bear any significant connection to negative posttraumatic changes. The effect of the agency component was slightly stronger, possibly evidencing the protective effects of goal-oriented energy against hopelessness, helplessness and depression that would otherwise lead to greater persistence of the negative effects of a traumatic event (Peleg et al., 2009).

Our findings exhibit a certain congruence with the assertion that the agency component of hope is more closely related to life satisfaction than the pathways component and that it can even predict different behaviours (Bailey & Snyder, 2007; Geraghty, Wood, & Hyland, 2010). As regards meaningfulness, its predictive force in the regression model predicting negative posttraumatic changes was negligible.

Summing up the findings related to the first two objectives of our study, our results suggest that for positive posttraumatic changes to occur the trauma survivor needs to perceive their life as meaningful. A protective role against negative posttraumatic changes is played predominantly by positive relations to others; these serve as an important source of social support. Posttraumatic growth is also facilitated by perceived hope, which, however, is more prominent as a protective factor against the negative psychological consequences of traumatic events. A rather unexpected impact was exerted by the agency hope component, whose correlation with positive posttraumatic changes was found to be negative rather than positive (albeit weak). The seemingly paradoxical finding indicates that excessive efforts may do more harm than good. As Tedeschi and Calhoun (1995) point out, in order to grow psychologically after a trauma, one needs to be able to balance action (i.e. the steps that need to be taken to cope with the traumatic situation) on the one hand and inactivity, patience and conciliation on the other.

The last objective of our study was to investigate the relationship between demographic variables and perceived and dispositional hope scores. With respect to gender, we found men significantly more dispositionally hopeful than women, who nevertheless exhibited higher levels of perceived hope. The latter finding is not a novel one; Visser, Loess, Jeglic, and Hirsch (2013) also revealed higher levels of dispositional hope in men, while women were proven to show more depressive symptoms. Since we used a new method for measuring perceived hope, no comparable findings on the gender-dependence of perceived hope levels are available. We could possibly make an implicit comparison with the expected higher rationality in men as opposed to emotionality in women; pursuing this vein of thought, hope could be viewed as a gender-related construct that is perceived differently by each of the sexes. However, some authors (e.g. Fischer, 1993) questioned the gender differences in emotionality, stating that the idea that women are more emotional than men reflects western gender stereotypes rather than women's actual mindset.

As regards age, highest levels of both perceived and dispositional hope were exhibited by the respondents aged 50 to 59 years, but the differences from the other groups were not significant. A significantly lower level of perceived hope was established for the 18-29 age group; for dispositional hope, it was the 30-39 age group. Age differences in dispositional hope were investigated by Bailey and Snyder (2007), who found a decrease in hope with age. However, our own results are not congruent with Bailey and Snyder's finding, but more in line with those of Visser et al. (2013). The low levels of perceived hope among the group of young adults may be explained by the close link between perceived hope and meaningfulness. Because the perception that one's life is meaningful has been repeatedly proven to be lower in adolescence and early adulthood than in late adulthood (Halama, 2015), low perceived hope in young adulthood can be reflective of low feelings of meaningfulness.

Marital status had already been proven to be closely related to hope; in a study by Bailey and Snyder (2007), the people who were divorced or widowed exhibited much lower hope levels than those who were in

a long-term partnership, married or even single, which, according to Snyder (2002), can be explained in terms of a decline in hope following a loss of the life partner. The close connection between hope and marital status was also demonstrated by our own results. The highest levels of perceived as well as dispositional hope were observed in the respondents living with a partner or spouse. The importance of close relationships for hope was also reflected in that most respondents identified their significant others as their primary objects of hope and main hope providers.

We also found the highest levels of hope to be connected with the highest level of education attained. The respondents with a university degree showed the highest levels of perceived as well as dispositional hope; by contrast, those with only elementary or secondary education were significantly less hopeful. There is evidence of hope being related to better academic performance (Park & Peterson, 2009; Snyder et al., 2002), job satisfaction (Reichard et al., 2013) and effective coping strategies (Vatan et al., 2014). In addition, the level of education achieved was established as a significant predictor of subjective well-being (Diener et al., 1999; Ross & Van Willigen, 1997), which in turn can also have a positive effect on hope.

Hope is not only perceived by the individual, but it can also be transmitted to others. For this reason, we investigated the relationship between hope scores and the respondents' involvement in voluntary or charity activities. The effect of volunteering was remarkable: the respondents who were engaged in volunteering (altruistic and selfless activity of any kind) showed significantly higher dispositional as well as perceived hope levels than those who were only set on pursuing their own happiness and looking after their own personal needs. They also saw their life as being more meaningful and were generally happier. This is in line with earlier studies on positive effect of volunteering on subjective well-being (Lyubomirsky, 2007; Piliavin, 2007; Schnell & Hoof, 2012).

### 7.5.1 Limitations and Future Research

The principal limitation of our study is related to the use of convenience sampling which resulted in a predominance of women and younger respondents in the research sample. It might have been caused by the fact that women and younger individuals generally tend to express a greater propensity to cooperate. However, the rest of the other demographic factors are fairly evenly distributed across the research sample. Further bias might have been caused by factors such as self-presentation and decreased introspection. Another limitation is due to the fact that a six-point response scale was used for each measurement scale, regardless of the original version.

The benefits of our research concern verification of a new method – the Czech version of the *Perceived Hope Scale* - for measuring perceived hope with particular focus on the different roles of perceived and dispositional hope in relation to positive and negative posttraumatic changes. More information on the dynamics and the direction of causality of the relations between the investigated variables could be obtained by conducting a longitudinal study that would include personality traits and other psychosocial variables capable of providing a deeper insight into the investigated phenomena.

At the level of application, our findings on the protective role of hope, meaningfulness and positive social relationships in coping with traumatic life events can be beneficial not only in clinical contexts, but also in the area of prevention (primary, secondary, tertiary). Fostering hopeful thinking in psychologically vulnerable clients, assisting them in the development of feelings of meaningfulness and encouraging the creation of close and mutually enriching relationships with other people will help the clients to cope with difficult life situations.



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## Chapter 8. Conclusion

The previous chapters were devoted to exploring the multifaceted phenomenon of hope which is essential to human life. Where there is hope, there is life, we might as well say, reversing the quote by Cicero.

Hope has been shown to be closely connected to mental health and psychological well-being across all age groups. A highly valuable finding, in our view, is that a hopeful approach to life and hopeful thinking can be fostered from early childhood. In adulthood, hope can act as an important protective element when facing life challenges and difficulties. Hope does not cease to be important in the old age: on the contrary, the ability to fight one's fears, doubt and feelings of resignation is one of the aspects of successful ageing.

There are numerous other factors that have been proven to affect hope - physical health, spirituality, socioeconomic factors among others - but whose thorough exploration would have been beyond the scope of the present work. A scientifically interesting question that remains to be answered (and could possibly be clarified by the International *Hope Barometer* project) is whether and to what extent hope is culturally determined.

Though the level of one's ability to maintain an optimistic and hopeful approach is, to a certain extent, innate it can also be significantly affected by upbringing as well as by conscious self-improvement efforts.

By way of conclusion we provide a brief summary of what can be done to develop or maintain a more hopeful attitude.

Hope is known to be closely connected with happiness and satisfaction with life; thus, if we can value the positive things in life and be thankful for all the good that comes to us, instead of worrying about what we do not have or cannot change, our hope will grow.

Importantly, hope also needs to be viewed in the context of one's value system, for it is always relational, whether it is related to an object, an abstract personal goal, a person or a transcendental phenomenon. If the object of hope is in harmony with our value system, it upholds our motivation and belief in our ability to attain the goal. For

this reason, it may be beneficial to ask ourselves from time to time what it is we truly want to achieve in life; to identify our true values and priorities so that we can pursue our lives in congruence with them.

While hope is predominantly considered to be an attribute of an individual, it is never completely detached from the wider context of the individual's relations with other people, nature or the Universe. By developing a deeper connection with our social environment and the natural and spiritual world we can thus help to nourish our hope.

Last but not least, hope can be transmitted to others by varying means, be these material, social, emotional or spiritual. Those who provide hope to others report more happiness and perceive their lives as being more meaningful. From time to time, let us take our eyes away from our own wishes and desires and find out how we can bring a little hope to the lives of the people around us.

To sum up, hope is what builds a meaningful bridge to a better future in times of adversity, uncertainty, and personal, social, economic, or political crises. By showing a direction, suggesting a way and strengthening one's belief in attaining meaningful goals, hope can protect people against negativity and despair.

Hope proved to be a driving force of optimal human development and a precious key to the flourishing of both the individual and the whole of society.

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## **Summary**

This monograph discusses the psychology of hope, which constitutes a part of the scientific field of positive psychology. It takes a comprehensive approach, introducing the reader to the varying theoretical frameworks and approaches to the study of hope and the measurement methods used. It also presents the main findings of various studies investigating the role of hope in relation to mental health and well-being among different populations. The chapters on the relationship between hope and age, as well as between hope and mental health, contain some of the author's original research. A separate chapter is devoted to discuss the results of an extensive empirical study by the author on the connection between hope and posttraumatic growth. Another chapter suggests possible hope-based interventions in the areas of education, psychotherapy and counselling. The book also contains an extensive list of related literature and Index.

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